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Vol. L.

EDITORIAL.

THE CALL OF PUBLIC DUTY.

The New Year is a time of good resolutions, for deciding on plans for the future, and for taking stock of what has so far been accomplished.

Trained nurses can make no better resolve at this season than to determine that they will do all in their power to ensure the honourable recognition of their work for the body politic, for, during the past year, they have received several lessons that, though it may be utilized, it is not a force to be recognized.

The persistent inaction of the Government in this country in regard to the demand of trained nurses for the regulation and recognition of their profession by the State is a discreditable feature of the policy adopted towards legislation for women generally. It is now over seven years since a Select Committee of the House of Commons unanimously reported that "it is desirable that a Register of Nurses should be kept by a Central Body appointed by the State," and four years since Lord Amptill's Nurses Registration Bill passed the House of Lords without a division, and with the support of His Majesty's Government, but still no Government measure is introduced into the House of Commons to give effect to the recommendation of the Select Committee, and nurses and the public have to depend for the discussion of this vitally important question on the luck of a private member in the ballot.

The disastrous result of this supineness was practically illustrated during the discussion of the National Insurance Bill, when, it will be remembered, that midwives who were originally left out of its provisions, were able to obtain the insertion of a Clause by which women entitled to the maternity

benefit may receive the services of either registered medical practitioners or certified midwives, thus protecting both their right to employment, and the quality of the services rendered. Trained nurses were unable to obtain the incorporation of effective safeguards in regard to their profession, inasmuch as the term trained nurse has no legal significance, and therefore cannot be incorporated in an Act of Parliament. The result is that insured persons are left in regard to the quality of nursing to be supplied under the Act without the safeguards provided in respect to their medical attendants and midwives.

We know that many nurses hesitate to take a strong line where their own interests are concerned. But the Nurses' Registration Bill is not framed in the interests of nurses only, but for the protection of the sick against fraudulent and incompetent nursing care.

It is just here that the duty of nurses to take public action is apparent. They might be content to waive their own undoubted rights, but they cannot do so without ignoring their public duty, and doing injury to the sick, whose welfare they should be the first to safeguard.

No one knows better than nurses the unnecessary suffering, injury, and even death caused by incompetent nursing, through the lack of any standard of professional education for members of their profession, and, therefore, the obligation imposed upon them is correspondingly strong to work for the enforcement of such a standard under State control.

Let each of our readers determine that by every means in her power she will endeavour to forward legislation regulating the profession of nursing during the coming year, to the end that the community and the sick may be efficiently served.

A THOUGHT FOR THE NEW YEAR.

"What is that to thee? Follow thou Me."

We have said Goodbye to 1912, and are now on the threshold of 1913! It is the first morning of the New Year; many of us watched its dawn while dancing "the old year out," while others, it may be, knelt in silent prayer at midnight service, where our first act of the year new-born was to receive the Holy Communion, beseeching God's forgiveness for the past and His guidance for the future. However we may have spent the final hours of the year that has flown, the thought that is uppermost in our minds now is, What is 1913 going to bring us? Will it be luck or misfortune, joy or sorrow, health or sickness, success or failure? Let us rather think, What are we going to give to this New Year? In last week's journal we learnt that "None of us liveth unto himself." Having got so far, our plan is easy. "Oh," I hear many of my nurse friends saying, "but people do live for themselves. Why, the half of England lives for itself alone. Just look at the way the idle, luxurious, selfish rich are living! Half of them are rich because they beat us down; they even do their utmost to get nurses to reduce their fees, but think nothing of giving £8 8s. for a hat, or 800 guineas for a motor car. Isn't that living for themselves?" All this may be true, but we must not judge others by appearances. How do you know they are "selfish" and "idle"? Many of the rich are very unselfish, and simply untiring in their efforts to alleviate suffering. And supposing what you say is true—well, never mind, it is not for us to condemn, but rather to remember our blessed Lord's reply to St. Peter's question, "And what shall this man do?" "What is that to thee? Follow thou Me." This was Christ's answer, and it must be our motto for the year.

Yes, as His followers we may expect sorrow, labour, tears. Christ's life was all sacrifice, and surely the disciple must not expect to be above his Lord and Master! And we must not look for the faults of others if we would work out our own salvation, if we would weed more often the gardens of our own hearts, and make our characters beautiful. Then, even though His guerdon here be one of tears for us, we shall not lose courage, but shall count it a joy that we are partakers of His sufferings, and shall "press toward the mark for the prize of the high calling of God in Christ Jesus." Let us, as nurses, never forget our high calling, for it is indeed a privilege and an honour to be able to lessen the sufferings of this world, and

to be a joy and comfort to those in sorrow, and we must—

"Ask God to give us skill in comfort's art,
That we may consecrated be and set apart
Unto a life of sympathy;

For heavy is the weight of ill in every heart,
And comforters are needed much,
Of Christ-like touch."

Oh, may this New Year be indeed a very happy one for each of us. May we fill it up with loving deeds and kindly words for every one with whom we come in contact. May we give to it our very best. And if at times a spirit of anger and indignation fills us at what we may think of as the injustice and unfairness of things, above the storm may we ever hear the quiet rebuke of our Lord, "What is that to thee? Follow thou Me."

SISTER MARIE.

THE METAMORPHOSIS OF "FILARIA LOA."

A discovery in respect to the metamorphosis of *Filaria Loa*, which, in all probability, is destined to have far-reaching results, has been made in West Africa by Dr. Leiper, the Interim Wandsworth Scholar of the London School of Tropical Medicine, who has telegraphed home from Calabar that "The metamorphosis of *Filaria Loa* has been proved to take place in the salivary glands in a fly belonging to the genus *Chrysops*." The embryo of the *Filaria Bancrofti*, which causes elephantiasis, are known as *microfilaria nocturna* because they are found in the blood only in the night-time, and which, as a contemporary points out, caused Sir Patrick Manson to surmise many years ago that the intermediate host was a blood-sucking insect, and he subsequently proved the hosts to be certain species of mosquitoes. The embryo of the *Filaria Loa*, on the contrary, are found in the blood only in the day-time, and have been named *microfilaria diurna*. Dr. Leiper has now proved that the intermediate host is a day-biting insect.

The special importance of this discovery is that a large number of Europeans in West Africa are infected with the *Filaria Loa*, which travels under the skin, finding its way sometimes under the conjunctiva, where it may set up conjunctivitis, and into the muscles and round the tendons, where it causes "Calabar swelling," which is most painful, impairing movement, and, though only lasting for a few days, frequently recurs. Inside the skull these filaria may cause epileptiform convulsions.

OUR PRIZE COMPETITION.

WHAT SYMPTOMS WOULD LEAD YOU TO SUSPECT APOPLEXY? GIVE NURSING TREATMENT OF APOPLEXY.

We have pleasure in publishing the paper written by Miss Lucy M. Park, Registered Nurses' Society, 431, Oxford Street, which gained the prize in our competition of December 28th.

PRIZE PAPER.

Apoplexy is generally due to rupture or occlusion of a cerebral vessel.

The Causes are morbid changes in the blood vessels due to gout, &c. Anything causing pressure will in this condition produce hæmorrhage (emotion, drink, heat, cold, &c.).

Symptoms.—There may be some preceding headache, after which the patient passes gradually into a comatose condition, or there may be paralysis without loss of consciousness; but the usual symptoms are—sudden loss of consciousness, cyanosis, inequality of pupils, stertorous breathing, hard high tension pulse, and loss of voluntary movement.

Later symptoms are hemiplegia on opposite side of body to lesion, slight atrophy of paralysed limbs, and sometimes aphasia. The patient may recover consciousness in a few hours, or perhaps not for a day or two.

Treatment.—The most important point is the prevention of fresh hæmorrhage; therefore, give absolute rest in bed with head raised. The application of cold to the head may be ordered in the form of Leiter's coils or an ice-bag.

If a purgative be ordered it will be small in bulk, and if placed on the back of the tongue can be swallowed involuntarily, or an enema may be given. The catheter may also be required.

Nutrient enemata may be needed until the patient recovers the power of swallowing, but in all cases the diet must be light and nourishing.

Frequently the patient can give no information as to when a change of posture is necessary, so that he must be moved regularly and methodically, the skin being carefully looked to each time.

Improvement takes place in certain order as hæmorrhage is absorbed, or pressure diminished, viz.: proximal parts before distal, legs before arms, hands and fingers last. Flexor muscles recover before extensors; therefore great care must be taken to prevent contractions. From the first the paralysed arm should be kept in an extended position and the elbow abducted by means of a small pillow placed in

the axilla. In the same way the lower limbs must be prevented from becoming fixed in faulty positions. The soles of the feet should be supported to prevent foot-drop, caused by contraction of the gastrocnemius muscle and the Achilles tendon.

At the end of ten or fourteen days, as ordered by the physician, begins the very interesting work of helping the return of power to the paralysed limbs. This consists of passive movements to joints to prevent articular adhesion, very gentle massage to paralysed limbs to repair muscular atrophy and increase nutrition, and friction and vibration to nerves, to keep them in working order until the brain cells can resume their work.

No abdominal massage should be given, as any increase in blood pressure may produce fresh hæmorrhage.

Later on active resisted movements may be given, and the patient must be encouraged to practise moving the paralysed limbs and taught to move them correctly.

Let the patient's will power act by inducing him to accomplish gradually increasing movements daily. Never tire patient.

Electricity may be ordered about six weeks after improvement has commenced. This treatment should only be undertaken by a nurse with a good knowledge of massage, under medical direction.

HONOURABLE MENTION.

The following competitors are accorded honourable mention:—Miss S. Simpson, Miss Alice Rhind, Miss Gladys Tatham, Miss S. A. Cross, Miss A. Wellington, Miss M. Dods, Miss Nora Playne, Miss Florence E. Roberts, Miss F. Mackintosh, Miss J. Maloney.

After describing other premonitory systems, Miss S. Simpson writes:—The first symptoms may show themselves in the motor system; the patient mumbles in his speech, or his arm falls powerless, and he gradually droops over to one side, falling if not supported, and then lapses by degrees into coma. Or the coma may be developed in a few hours through stages of increasing drowsiness. Occasionally the attack begins with convulsions, or vomiting occurs as an early symptom.

The person suffering from apoplexy lies completely unconscious, and cannot be roused by shouting or any form of stimulation of his skin. The face is flushed, the pulse is full and tense, the breathing is stertorous in consequence of the palate or tongue falling back and impeding the passage of air into the chest. The condition of the limbs varies; both legs and arms may be quite flaccid, falling at once when

raised; or it may be obvious that the leg and arm on one side are more flaccid than those on the other.

The muscles of the face share in the paralysis, and the cheeks are puffed out and sucked in with the processes of respiration. Sometimes, however, the limbs of one or both sides are in a condition of rigidity, the muscles contracted and resisting extension, or flexion. The deep reflexes are commonly increased and the skin reflexes are absent. Occasionally the head and eyes are forcibly turned to one side (conjugate deviation).

The pupils are variable; they are sometimes contracted, at others dilated or unequal. The temperature shows a slight fall, which may continue until death, or, if life is prolonged, it will rise a little above the normal. Sugar and albumen are occasionally found in the urine, from pressure on the medulla oblongata.

In very severe cases the pulse and breathing are rapid; there is profuse sweating, and intense flushing of the face and skin generally. After a time the patient becomes livid, the pulse gets weaker, the breathing slower, until finally death takes place.

In more favourable cases the patient lies simply comatose, with but little disturbance of his pulse or respiration, and gradually regains his senses in the course of a few hours or two or three days.

Miss Alice Rhind defines apoplexy as an extravasation of blood into the brain, and says:

The term "apoplexy" as commonly employed is nearly equivalent to the popular term "stroke," and is used so indefinitely that by professional people the more accurate terms—cerebral hæmorrhage, cerebral thrombosis, or embolism—are used.

Causes.—The cerebral blood-vessels of an apoplectic person are usually weakened by disease, sometimes by alcohol. Any factors which create a sudden extra-strain of the vessels, and cause a sudden rush of blood to the head, may bring on an attack, and one of the first questions usually asked by a doctor is whether there has been any known sudden or severe muscular effort, any severe shock or violent emotion, an attack of rage, &c., any of which might be a possible predisposing cause.

Miss M. Dods writes: The symptoms which would lead me to suspect apoplexy are: A state of profound insensibility or stupor, coming on suddenly or at least rapidly. Pulse slow, strong, irregular and laboured. Breathing and snoring difficult, cheeks puffed out with each expiration. Saliva frothy, flowing from mouth. Limbs motionless; if one is raised

it falls as dead. Pupils contracted, or in bad cases one or both pupils may be dilated, insensible to light. Teeth clenched, muscles rigid. Skin bathed in cold, clammy sweat. Face puffy and congested at first, then getting pale. Vomiting occasionally.

Miss Florence E. Roberts draws attention to the following points:—Bedsore must be carefully guarded against, owing to the incontinence of urine and fæces, also to patient lying so heavily in one position.

The back should be rubbed constantly with spirit and powder, each time at least that the sheets are drawn. This movement, besides aiding the circulation, will also help to prevent patient developing hypostatic pneumonia. Heels should also receive careful attention. The patient should be sponged between blankets twice a day, and when there is much sweating, as is usually the case with a high temperature, he should be rubbed down constantly with warm towels, and the shirt changed for a dry one.

The bowels should be kept very regular, as this helps to relieve the symptoms (a simple enema can be given if patient cannot swallow), and a specimen of urine, if possible, should be saved for the doctor. The mouth will also need constant attention, patient's tongue and breath usually being very foul. Swabs of wool fastened round a pair of forceps, dipped in borie and glycerine, mouth being done out with this two-hourly or oftener.

Doctor will usually order milk only as nourishment, if patient can swallow.

Miss Gladys Tatham gives the necessary warning:—It must not be forgotten that a patient in this condition is quite unable to judge of heat or to retain urine or fæces; so be careful to cover hot bottles and to put something under the patient to protect the couch or bed on which he lies. As consciousness returns, the patient may vomit and feel faint, his mind may be very confused, and there may be complete aphasia (or speechlessness).

Miss S. A. Crass writes:—Nursing in these cases is always arduous and of great consequence.

Perfect quiet in good hygienic surroundings is most essential. Extreme cleanliness is necessary to prevent the formation of bed-sores.

The patient is kept in the recumbent position. The head must be kept cool, with extra warmth to the body; but hot bottles, even when covered in flannel, must not come in contact with the skin. If ice is ordered it must be broken in small pieces, and only a light bagful applied (taking care to put a piece of lint

between the bag and patient's head). The ice will need frequent renewal; directly it is melted it becomes a hot application, and does harm.

Miss Nora Playne says if the nurse should be present at the time the patient appears about to lose consciousness, she must prevent him from falling and lay him gently down. If he falls when alone, there may be some injury. Send at once for the doctor. The chief things to secure are rest and absolute quiet for the patient. If possible it is far better to make up a bed in the same room than to carry him upstairs. Remove his clothes slowly and carefully, taking care of the head. False teeth also should be removed. A firm mattress is best.

HOW WOULD YOU CONTROL TONSILLAR HÆMORRHAGE?

We regret to say that the papers received in connection with the above competition for January 4th do not show sufficient knowledge to merit the award of a prize. One will, therefore, not be awarded this week. We hope in a future issue to refer again to this question.

QUESTION FOR NEXT WEEK.

Describe the chief abnormalities of the pulse.

INTERNATIONAL NEWS.

From far and wide now the press which deals with nursing is coming to hand, and the splendid success of our Cologne gathering is reported with unstinting praise. The *Dietetic and Hygienic Gazette* writes it was "a most gratifying success, and every page of THE BRITISH JOURNAL OF NURSING actually smells of Cologne." A scent sweet in the nostrils, anyway!

From New Zealand comes *Kai Tiaki*, in which excellent reports appear from Miss Jeannie Sutherland and Mrs. Holgate, the official delegates. Both appear to have been as charmed with the Congress as we were charmed with them. *The Canadian Nurse* has reprinted in full the official report so admirably done by Miss Breay, from THE BRITISH JOURNAL OF NURSING, and both Miss Des Brisay and Miss Colley are spreading the light of internationalism in the great Dominion. *The Australasian Trained Nurses' Journal*, and *Una*, the voice of Victorian nurses, have dealt extensively with the great gathering, and the *Nursing Journal of India* has also devoted much space to the meeting at which the nurses of India affiliated with the International Council of Nurses. In all the hope is expressed that we may meet again in 1915, now the year after next!

TOYS FOR TINIES.

It came to us quite suddenly where we should find the very children most in need of toys on Christmas Eve. We can none of us have watched those little rag-bags, topped by pinched, blue faces, flattening their noses at pastrycooks' windows, or waiting in a queue with old bags for closing time at first-class fish and bakers' shops, without realizing how much abject poverty and thriftlessness there is around the corner in our wonderful West End.

The rain, which had been splashing down, considerably stopped just in time to enable a few of us to fill our baskets with toys and set forth. We went into the best streets near by, and there sure enough we met, chilled and dripping, many little people apparently quite happy, making eyes at mincepies and sugared cakes. Just to see the good things of this world was as near to happiness as they ever hoped to come. Yet who shall say that their craving is all sorrow?

Once we longed for something with insatiable demand.

It was ours.

We have forgotten what it was!

But to return to the children. Our baskets were speedily emptied; but are these waifs and strays very shy, or only apathetic?

We wanted to crack jokes.

We had hoped Peggy Paleface would be pert, but we did not find her so.

She did not seize the gifts with both hands. With great dignity she took what she was given. She did not, as a rule, say "Thank you."

But she hugged the dollies, and that at least was a human sign.

Truth to tell, it was the little "tummies" which were all insistent; they made mouths water and eyes glisten, and prompted bold demands for sweets and pies.

SOCIAL SERVICE.

Nurses are beginning to realize more and more that the care of the acutely sick is only a part of their sphere of action. Educational, preventive, and inspection work also comes within its scope, and one of the latest developments in this country is the appointment of factory nurses, whose work includes a study of the welfare of the workpeople and the conditions under which they work. There is, indeed, no limit to the lines along which social service work may be developed by trained nurses, whose trained, disciplined, and skilled aid is of the greatest value to the community.

NURSING AT THE FRONT.

We gather the good news from Turkey that cholera is daily decreasing and its form much less virulent. The cholera hospital at San Stefano, staffed by the Red Crescent Society, however, needs all the help it can get, and two more thoroughly trained nurses have been requisitioned from England, and have been selected from the Registered Nurses' Society by Mrs. Bedford Fenwick, making ten women in all now attached to the unit sent to Constantinople.

The sisters chosen are Miss Lily Warriner and Miss Annette Obee. The former has very ripe war nursing experience. She was one of the thirty sisters who went to Greece in 1897, and did specially good service at Athens, Volo, San Marina, and Chalcis during the Græco-Turkish War, and she was awarded the Diploma and Distinguished Order of the Greek Red Cross by Queen Olga at its close. Miss Warriner was with the African Field Force in 1900, and worked hard for upwards of four years in South Africa during and after the war as a member of the Army Nursing Service Reserve, for which she was awarded medals, which she well deserved.

Miss Warriner's well-tested powers of organization and great experience should make her an invaluable member of the British Red Crescent Nursing Staff, which is already doing such excellent work under very difficult circumstances.

Miss Annette Obee, the second sister selected, is a highly capable nurse with wide

experience of both general and fever nursing, and is a trusted member of the Registered Nurses' Society.

Both the sisters left Victoria Station last Thursday night in the best of spirits, looking thoroughly businesslike in their neat dark blue uniforms, with the Red Crescent prominently displayed. Old campaigners, they were well provided with useful items of clothing and food for the journey. Sister Cartwright, in bidding goodbye, presented each with a sprig of white heather "for luck."

One could not but reflect with sorrow that, from this Christian country, its trained nurses have been denied service as an integral part of the units sent to the front under the Christian symbol of the Cross, and with pleasure that they have been eagerly appreciated by those doing God's bidding to the sick and wounded, under the emblem of the Crescent!

The true nurse, however, never discriminates. All people, of whatever creed, are equal who need her ministrations. So it does not signify whether it be Cross or Crescent—she will, all the time be holding high the invulnerable Banner of Duty to Mankind, and glorying in it.



MISS LILY WARRINER

Two trained nurses on the staff of Charing Cross Hospital, left London for Salonica on Monday last, where they will join Miss Mabel Boose, who went out in November, to work at the Italian Hospital. These are:—

Sister Maud Hopton, trained at Charing Cross, who has held the position of surgical and medical sister there, and

Nurse Frances Spencer, who gained her certificate last March, and has a thorough knowledge of both medical and surgical nursing.

By degrees, in spite of the prohibition of the British Red Cross Society, quite a number of well-trained British nurses are finding their way to the Near East, where their skilled services are urgently needed, and sincerely appreciated.

We learn that the British nurses asked for by the Crown Princess of Greece and the Prince of Montenegro are all doing credit to the patron saint of military nursing—our own Florence Nightingale.

Mr. C. T. Brereton, 1st Division Corps, St. John's Ambulance Brigade, a member of the British Red Crescent unit at Scutari, has sent some very interesting letters to the press. In one he writes:—

"I am quite well and very busy, no time for anything but to attend to patients' wants. I am hoping for an opportunity to explore Scutari some day. It is a part of the great city of Constantinople, and is very primitive and purely Turkish. You would be very interested in our latest addition to the hospital staff. He is a dear little fellow, aged 14, of aristocratic birth, and a midshipman in the Turkish Navy. Having a short vacation, he came in the other day, and asked if he might lend a hand. He spoke fairly good English, but speaks French more perfectly. Shy at first, he is now very useful in many ways. He interprets, fetches and carries, and is quite the ray of sunshine to the whole establishment. What struck me most about him was that he can assist in the dressing of the most gruesome wounds, and shows not the slightest flinch or horror. We call him the 'little admiral,' and have provided him with a white operating gown, of which he is very proud. We got a further batch of wounded Turks to-day. They were very hungry and tired, and in many ways show appreciation for the food and treatment given them. Col. Surtees, D.S.O., is quite a fatherly commanding officer. Considering his age, he is a marvel; up early and late, here, there and everywhere, with encouraging words for everybody."

The loss of life from disease in the Turkish Army is estimated at 25,000.

THE ANTI-REGISTRATION UKASE AT BART'S.

A Sister at St. Bartholomew's Hospital recently asked the Matron, Miss Annie McIntosh, for permission to use the Library in the Nurses' Home for a meeting at which the nurses might consider the question of State Registration. To her astonishment and indignation the request was refused, as Miss McIntosh considers the organization of the Nursing Profession and legal status for trained nurses "absolutely unnecessary." Miss McIntosh then obtained the support of the Committee (the Treasurer and Almoners) to her prohibition of

free speech to the Nursing Staff, and subsequently it was announced that by their orders no such meeting is to be held in the hospital for the future!

Here we have unjustifiable tyranny, naked and unashamed—the denial of liberty of conscience, where their own professional affairs are concerned, by the Matron to the whole Nursing Staff of St. Bartholomew's Hospital; and as such action cannot be permitted to pass without consideration, and protest, we shall review at some length the whole situation.

For thirty years, until the lamented death of the late Matron, Miss Isla Stewart, the rela-

tions of Treasurers and Almoners of St. Bartholomew's Hospital and their Nursing Staff were those of most cordial goodwill, consideration and respect, and mutual advantage for the welfare of the institution and the well-being of the patients.

I speak from personal experience of six years as Matron in the eighties, when the Nursing Department was organized on modern educational and disciplinary lines, and I recall with gratitude, the generous and liberal attitude of every governor with whom I came in contact, towards suggested reforms for the happiness of all concerned, and reforms were not accomplished in kid gloves in those days, but by strenuous efforts, self-denial, work often day



MISS ANNETTE OBEE.

and night, strong convictions, and liberty of speech.

But one thing I found at St. Bartholomew's in 1881: a splendid nursing spirit, which directly inspired the forceful work for humanity of the strong, self-respecting, experienced women then crowding into nursing ranks—and it was carefully fostered as an inestimable asset. It was that spirit which soon placed the Nursing School in the very front rank of nursing progress. There was no government of helot by centurion. Full scope in each degree was given for individual effort, and full credit for the result. The School was striving and growing all the time. Never once do I remember the downing of my ardent spirit by a cold douche of official rectitude. What I thought right to do I was permitted to do. This was the unwritten law, and the result may be left to history, when the story of trained nursing in England is told in detail.

This tradition of honourable respect for the conscience of the worker was handed on to my successor. How delicately she handled it, and how she rose year by year in the respect and affections of her colleagues need not here be repeated. Her twenty-three years' record of glorious human endeavour, and all that she did to encourage in those who worked with her the true nursing spirit, and its inspired result, fine intelligent work for the community, is a sacred heritage of the Nursing Profession as a whole—something far too potent to confine within the barred gates of wood and stone of one institution.

With the approval of the Committee, sisters and nurses were encouraged to think. For the general good of their profession they were wisely permitted to act.

Thus were the Governors of St. Bartholomew's Hospital served, well served, by a body of women, whose loyalty and devotion to duty have never been excelled.

To the question of Registration—that is, the organization of their work by the State for the benefit of the public—the nurses gave conscientious study, and their convictions were on many occasions recorded in favour of such legislation. And why not? No one has ever advanced one single valid reason against such reform. Indeed, the Legislatures of 44 Countries and States have enacted laws for the Registration of Trained Nurses—and all since the year 1891.

Thus whilst the Committees of other London Hospitals, notably those of the London and St. Thomas', have for years denied to their nursing staffs the right of free action, the atti-

tude of that of St. Bartholomew's Hospital has been an example to the hospital world.

This just attitude towards women workers was, however, bitterly resented by the more autocratic men and their officials, who govern the London Hospital with irresponsible power. The Nurses' Registration Bill passed the House of Lords in 1908. It was high time for official tyranny to assert itself.

Bart.'s must be brought to heel.

Next week we will consider the tactics which have made it possible for the autocrats of the London Hospital to attempt to enforce an anti-Registration Ukase, through their Pro-Consul at St. Bartholomew's Hospital.

E. G. F.

(To be Continued.)

PRACTICAL POINTS.

Sterilization of Rubber Gloves.

A German contemporary gives the following as the most economical and efficient method of sterilising rubber gloves without injuring them. The gloves are washed in running water and dried after using. In the evening they are placed in a 5-1,000 solution of sulphuric acid and left for ten or twelve hours, after which they are rinsed in salt solution and are then ready for use.

Whooping-Cough.

The Journal of the American Medical Association states that Dr. Galish has noticed that the course of whooping-cough is more severe when several children have it together than when the child is kept apart from other children with it. The sight of others affected certainly aggravates the nervous element in the disease, and the possibility of a new infection from it cannot be positively excluded. He thinks that repeated infection is a possible factor in keeping up coryza as well as whooping-cough. In both affections he is confident that much would be gained by measures to prevent accumulation of disease products, having the child go into a second room and well ventilating the first, after each coughing spasm, using a fresh handkerchief each time in coryza.

Even foods produce eruptions.

The Medical Standard says a number of foods may produce an eruption, especially in those individuals who have an idiosyncrasy for certain articles of diet. Acid fruits may cause an acute eczema. Strawberries frequently produce urticaria. Close observers have said that apples sometimes produce an acneiform efflorescence about the mouth. Walnuts cause an inflammation of the mucous membrane of the mouth. Shellfish and salt meats often cause a livelike eruption.

APPOINTMENTS.

MATRON.

The Infirmary, Launceston, Cornwall.—Miss Maud L. Bond has been appointed Matron. She was trained at the Bethnal Green Infirmary. She has also held positions at the Samaritan Free Hospital for Women, St. Mary's Hospital, Plaistow, Children's Hospital, Nottingham, and the Victoria Hospital for Children, Hull.

Wood Green Hospital.—Miss Williams has been appointed Matron. She was trained at the London Hospital, and has recently been on the staff of the Wood Green Hospital in control of a ward and the theatre, and since Miss Leach's departure, has been in charge.

King Edward Sanatorium, Guernsey.—Miss Anita Ritson Nutter has been appointed Matron. She was trained at the Isolation Hospital, Watford, Herts, and the City of London Lying-in Hospital, and has been Charge Nurse at the Borough Hospital, Southport, and Senior Sister and Deputy Matron at the Fylde Joint Hospital, Moss-side, near Lytham. She has also had experience in private nursing and district nursing.

NURSE-MATRON.

The Cottage Hospital, Lyme Regis.—Miss A. M. Boycott has been appointed Nurse-Matron. She was trained at the Metropolitan Hospital, London, has been Ward Sister at St. Mary's Infirmary, Highgate, and at the Chest Hospital, City Road, E.C., Assistant Matron at the Alexandra Hospital, W.C., and temporary Matron at the Hospital of St. Cross, Rugby.

Bromsgrove Cottage Hospital.—Miss R. Matthews has been appointed Nurse-Matron. She was trained at the County Hospital, Durham, and has held the following positions:—Sister at the above institution, Outdoor Surgical Nurse at Berwick-on-Tweed Infirmary, Theatre Sister at Jessop Hospital for Women, Sheffield, and Theatre Sister at the Royal Hospital, Portsmouth.

SISTER.

Union Hospital, Tynemouth. Miss Louisa K. Clarke has been appointed Sister. She was trained at the Town's Hospital, Glasgow, has been Charge Nurse at Union Hospital, Newcastle-on-Tyne, Night Superintendent at South Shields Union Hospital, and Superintendent Nurse at Basingstoke and Biddleswick Union Hospitals.

Miss Mary Bell has also been appointed Sister at the same institution. She was trained at York Union Hospital, and has been Head Nurse at Chipping Norton Infirmary, and Matron of the Royal National Sanatorium, Horsfolk.

The Infirmary, Barnstaple.—Miss Nora Wright has been appointed Sister. She was trained at the County Hospital, Lincoln, and has held the position of Staff Nurse at the New Hospital for Women, Euston Road, London, and is a certified midwife, having received her midwifery training at Queen Charlotte's Hospital, London.

LADY HEALTH VISITOR.

County Borough of Swansea.—Miss Jessie Williams has been appointed Lady Health Visitor. She was trained at the Dudley Hospital and under the Stroud Urban District Council, and has been Health Visitor at Wakefield.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss Ethel Fowler Stephenson to be Staff Nurse (April 1st, 1912).

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Clara Reeve is appointed to Leicester as Assistant Superintendent; Miss Hilda Groom is appointed to Eccleshall; Miss Annie Mossmar, to Beaconsfield; Miss Mary Pickford, to Old Hill; Miss Hanna Porteus, to Norwich; Miss Lucy Price, to Burnham; Miss Edith Rowley, to Bloomsbury; Miss Rosa Stoodley, to Burnley.

PRESENTATIONS.

In recognition of her admirable work and great personal popularity, Miss Alice Buckle, for sixteen years Superintendent of the Brighton local Branch of Queen's Nurses, has upon promotion been presented with an illuminated address, an album containing the names of the many subscribers, and a cheque for £65. The presentation was made at the Wellington Road Home, under the presidency of the Vicar of Brighton, who referred to the unique work accomplished for the sick poor by Miss Buckle and her staff, who attended 3,000 cases last year.

In thanking her friends for all their kindness, Miss Buckle spoke of the whole-hearted way in which the nurses had thrown themselves into the work, and said she would take with her remembrance of the help, sympathy, and kindness she had received, which had helped her through many difficulties.

Miss Buckle has been appointed Nursing Superintendent for England of Queen Victoria's Jubilee Institute, and her future work will be in connection with the Central Office in London. A very responsible position, in which we wish her all success and happiness.

On her return from Algiers to the Tondu Hospital, Bordeaux, the Directress (Miss Elston) has received a gift which has profoundly touched both her and her pupils. The name of the donor is withheld by her express desire; but we learn from *La Garde-malade Hospitalière* that the gift was to be proudly exhibited during the festive season. It consists of a very beautiful set of table damask, a superb set of carvers in silver, and a salad service to match in silver and ivory. Each article is marked with the initials of the founder of the school.

NURSING ECHOES.

The Duchess of Connaught has handed over to the Victorian Order of Nurses of Canada the sum of £44,000, subscribed as the result of her personal appeal in England and Canada. This sum should do much to extend the good work of this fine organization.

We wonder if the final choice of a site for the King Edward VII. Memorial in London, which by the good sense of the King has fallen on Carlton House Gardens instead of on either of the sweet little sylvan Parks, will make any difference to the site arranged, which is very close, for the statue of Miss Nightingale? London can perhaps offer no finer site for a King's memorial, as it will be between and in line with two of the most familiar monumental landmarks of London, the York Column and the Guards' or "Crimea" Monument. But where can now be found a suitable place for the Lady of the Law?

When the new magnificent home is erected for London's County Council south of the Thames, and the south side of the river is beautified, why should not a place be found near by for Miss Nightingale close to St. Thomas' Hospital and the Nursing School attached, which she founded, and which was so dear to her heart?

Derby is to have its statue of Miss Nightingale, and the designs executed by Countess Feodora Gleichen, also a plaster model by her, have been placed in the Derby Art Gallery for public inspection. To judge from a picture, the model has great charm, and presents the Lady with the Lamp looking quite young, in spite of cap and shawl. According to modern standards, Miss Nightingale was young when she went to the Crimea, and it is only the disfiguring mode of dress worn at that time that gives her portraits a middle-aged appearance. Why should she not be presented with the charm of youth for those who come after us?

We are glad to report that Sister E. J. Tillott, of the Registered Nurses' Society, is now making steady progress towards recovery after her very serious accident in August, when she sustained a fractured femur, and injury to hand and head, from a motor bus in the Edgware Road, and since when she has been most kindly cared for in Middlesex Hospital. It is hoped that she may be discharged convalescent at an early date.

Sister Tillott wishes to express her thanks to the R.N.S. "for the lovely basket of fruit sent

on Christmas Eve; it was very refreshing to look at, and I appreciated the kind thought as much as anything." Fellow nurses also individually sent gifts in kind, which were greatly enjoyed.

Sister G. Dorran, who has been a member of the R.N.S. for thirteen years, left Liverpool for Canada on the 27th ult. She intends to settle at Victoria, Vancouver Island, and, with a relation, continue her professional work, in which her many friends will wish her all success.

The Insurance Act seems to have decided many private nurses to try pastures new, and the assurance of friends in the Colonies that women's good work is appreciated there more than it is at home, has clinched their decision. "The truth is, I want to breathe a bit of pure air before I die," said one, and "I am growing bitter here, where one is counted as a mere animal, and that will spoil my nursing," said another. So to Australia both have departed.

The first clinical use of the thermometer is attributed to Santorio, or Sanctorius, who lived from 1561 to 1635, and was a professor at Padua, but the subject did not receive special attention until it was taken up by two Scotch physicians, George Martin and James Currie, at the end of the eighteenth century, and even 70 years later the thermometer was not in general use in London hospitals.

How well we remember our amusement as a Sister at the London in 1879. Having been taught to keep most elegant charts in the provinces, we greatly objected to the untidy smudgy records hanging over each bed in Charlotte Ward, each kept by the clinical clerk to the case. So, after the fashion of new brooms, we one morning squandered the lot, and replaced them with clean and neat records. Amongst those clerks was a very charming and elegant youth. Finding the temperature of a patient recorded, he sauntered up to us and said with hauteur,

"You need not take my patients' temperatures for me, Sister."

"I don't," we replied. "I take my patients' temperatures for myself."

So we both took them for the future, and Sister charted the results, much to the satisfaction of the registrar.

Nurses Near and Far, the organ of the Nurses' Missionary League, records that Miss N. Cameron (Western District Hospital,

Glasgow) has sailed to Anand, N. India, under the Irish Presbyterian Mission.

Miss H. Vickers (Mildmay Mission Hospital) is sailing for China under the China Inland Mission.

Miss McAndie is proceeding to Kalimpong, India, to work among children at the St. Andrew's Colonial Home.

Miss Richardson will be "At Home" at 52, Lower Sloane Street, every Thursday morning, from January 23rd to March 13th inclusive.

Miss Harrison will be "At Home" to Nurses, at the Royal Eye and Ear Hospital, Bradford, every Monday evening during the winter.

A course of Lectures will be given by Dr. H. Gordon Mackenzie in February, at 33, Bedford Square, W.C., to which all members of the Nursing profession are invited.

The subjects will be as follows:—

1. The relation of the world of work to modern thought.
2. The religious value of materialistic scepticism.
3. Old problems in new forms, and the Christian theory of life.
4. The claims of Christ on the things that matter.

Miss Esther Danks, who for many years has been associated with the work of the nursing division of the Hospital Saturday Fund centre of the St. John Ambulance Brigade, has been appointed lady superintendent.

The Annual General Meeting of the Scottish Branch of Queen Victoria's Jubilee Institute for Nurses was held in the Institute, 29, Castle Terrace, Edinburgh, on December 19th. Rev. Dr. Wallace Williamson presided. The Report stated that there were 232 Branch Associations affiliated to the Centre, and that the Scottish Roll numbered 363 nurses at October 31st, 1912. In Edinburgh and Leith 5,679 cases had been nursed from the Scottish District Training Home, with a total of 140,453 visits paid, and 391 operations had been attended. With reference to the resignations of Miss Cowper, Miss Philp, and Miss Cameron, which had taken place during the year, the Chairman spoke in terms of high praise of their long and devoted service to the Institute in their several departments. Other speakers were Dr. Byrom Bramwell, Mr. J. Wheeler Dowden, and Dr. Harvey.

The fourth lecture of the session of the Irish Nurses' Association was given on Tuesday,

December 17th. Subject, "Poor Law from the Twentieth Century Standpoint." In the regretted absence of Mrs. Dickie, who was to have lectured, Mr. Dickie kindly gave the lecture instead, and gave a most interesting account of the growth of the Poor Law system from its commencement, on the suppression of the monasteries, until the present day. The chair was taken by Miss Carson-Rae, and at the conclusion of the lecture a vote of thanks to the lecturer was proposed by Miss Roberts and seconded by Miss Thomas.

A ballot has recently been taken of members of the Council of the Australasian Trained Nurses' Association, concerning an increase of fees for private nurses. An increase of half-a-crown, making five shillings weekly, in the laundry allowance has been the only change in the scale of fees for general nurses. Many nurses wished to increase the weekly fee by 10s. 6d. a week, and the votes for an increase in the laundry charges were 155 as against 145 for the half-guinea increase of fees, a majority of 10 only. The Journal of the Association considers that the future will show that the majority have decided for the best interests of their fellow-nurses.

Miss A. W. Wallace, late of the R.N.S., writes from Johannesburg, where she is now happily at work at the hospital in charge of the X-ray and electrical department. Her hours are only to 5 p.m. on weekdays, and 1 o'clock on Sundays, but, in spite of the lovely climate, nurses cannot work so hard as they do at home. Everyone needs to enjoy life. The nursing staff have collected £70 for the King Edward Memorial Fund to help to finance the Order of King Edward Nurses. It is wonderful how greatly the services of trained nurses are demanded throughout the Empire, and yet how long they have been denied rightful status and State protection. The registration systems in South Africa will never be thoroughly effective until the Nursing Profession are granted a full degree of self-government; at present they are governed by the Medical Council.

WELCOME HELP.

The President of the Society for the State Registration of Trained Nurses acknowledges with many thanks the following donations:—Miss M. Newill, Lady Superintendent, Royal Prince Alfred Hospital, Sydney, New South Wales, £1 1s.; Miss L. M. Park, Registered Nurses' Society, 2s. 6d.

NURSES' SOCIAL UNION.

A very successful inaugural meeting of the Portsmouth Branch of the N.S.U. was held recently, when Dr. Hilda Clark gave an address on Co-operation. She said it must give the greatest pleasure to all who are engaged in organized social work to find the great nursing profession prepared to encourage its members not only to obtain the highest possible professional ability, but also to regard their work in its widest aspect as it concerns the good of the community as a whole. She urged the profession to make a stand for satisfactory conditions of work and remuneration, saying that work can only be really efficiently done if these can be obtained, and by co-operation to this end she believed that the real effectiveness of the profession can be enormously increased.

She thought that the interest in wide social movements would supply the necessary continuity of interest in those members who were engaged in private nursing, for they, as well as the district and institution nurses, had a very important work to perform, and their observations on social questions would be of great value.

Miss Pye, who was in the chair, and the Branch Secretary both spoke of the possible future of the Union, and of the Portsmouth Branch. The funds in hand were not great, but one of the points of the Union was that the Branches were allowed freedom of development according to the members' desires.

It was suggested that branch meetings should be held once a month, and it was decided to hold a business meeting in January, to elect the committee for the year, and to discuss the programme. Several doctors have kindly promised to give lectures.

There was a great demand for application forms after the meeting. Applications for membership should be made to the Secretary, 33, Auckland Road, E. Southsea.

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RESIGNATION.

We regret to report the resignation, owing to ill health, of Miss G. Hare, Sister Ophthalmic of St. Bartholomew's Hospital. Miss Hare will be missed by many friends to whom she endeared herself during her many years of faithful service as nurse and sister at the hospital. We hope rest may soon restore her to health. As a member of the League, she will no doubt keep in touch with her colleagues. We recollect with gratitude how on many occasions this kind little Sister looked after our material needs at League tea parties in the Great Hall.

GUY'S NURSES AT HOME.

The entertainment given by the Matron and Nursing Staff of Guy's Hospital in their charming Home on Monday night was most successful and enjoyable. The guests, who were received by Miss Haughton, passed on at once to the stately nurses' sitting room, which, with its white walls and warm red curtains, formed an admirable background for the crimson and green garlands encircling the pillars and for the crimson shades.

The first part of the entertainment consisted of a series of tableaux admirably conceived and staged, acted by members of the nursing staff and illustrated by songs. Especially excellent were "Only an Orange Girl" (sung by Nurse E. M. Fletcher) and "Caller Herrin'" (sung by Nurse Dickson). The pose of the fisher girl offering her herrings to a supercilious fine lady was admirable. Nurse Maugham caused great amusement by her recitation "Sh!" and everyone was sorry when this part of the programme was concluded.

The first part revealed much musical and dramatic talent, the second creative ability. "The Return of the Wanderers" brought down the house. It was announced as "A Guy's Mystery Play," and the motif was explained in verse by "The Prologue," a speaker draped in black. Then came "The Imp of Guy's," introducing "Vienna," "Rochester Junior," and "Stockholm," lordly medicos, one of whom explained that though nurses might think themselves indispensable, they were nothing of the kind. In Vienna they were not needed. They evidently resented also that the nursing staff required any rest, and that ordinary operations were out of order after eight o'clock at night.

The three tableaux consisted of "She was," illustrated by Mrs. Gamp, "She may be," an ascetic nurse clothed from head to foot in white, her mouth covered over, and looking, truth to tell, rather like a burn case, and "She is," a Guy's nurse of the present day seated at a table busy with her work in spotless and becoming uniform. It was small wonder that the wanderers agreed that they had seen nothing to compare with the white and mauve of Guy's.

When the curtain fell there were loud cries of "Author, author!" "It's Sister Lydia, it must be," remarked someone; "no one else could do it," and the cries grew more insistent till at last Sister Lydia rose and said that she "only thought of it." Sister Gladys had written quite half, and been invaluable in the stage management, and many others had helped.

While tea and coffee were served members of the resident staff were arraying themselves in caps for a competition, in which the Matron was the judge. She should know, for no cap in London "sets" more perfectly than hers, and no uniform is more immaculately neat.

Then a valse sounded out, and that, of course, was irresistible to nurses till "Auld Lang Syne" brought a very happy evening to a close.

TYPICAL HOSPITAL CHRISTMAS.

Throughout the hospital world Christmas has been kept with all the gaiety, fun and goodwill, which are characteristic of our observance of the day. So much has been done everywhere, to give the patients a happy time that it seems almost invidious to mention any hospital in particular, but the following notes are given as typical of what has been done by the nursing and medical staff of our hospitals, to make this season a joyful one for the patients.

QUEEN'S HOSPITAL FOR CHILDREN.

The little patients have had a royal Christmas in this hospital. Nothing could have excelled the arrangements that Sisters and Nurses combined to make for their pleasure. The decorations were artistic and original, and the wards vied with one another in their schemes. Pixie Land! with weird little figures peeping from bed-heads and tables; Cracker Land! with its monster bon-bon depending from the ceiling, supported by crackers of every size and colour; Winter Sports, whose centre table was occupied by fascinating little figures ski-ing. Perhaps the most charming of all was the Japanese Garden, with its wealth of delicate pink flowers on brown branches, giving the long ward a most truly Celestial effect. And to crown all these delightful decorations, a monster Christmas Tree in every ward. The Sisters were kind enough to give us a foretaste of the joys that were to be on the morrow, by turning on the electric light that was cunningly placed among the branches. The Christmas gathering was fixed for December 28th, so we were the appreciative witness of the joys of anticipation.

THE EVELINA HOSPITAL FOR CHILDREN.

The annual Christmas gathering took place on Friday, December 27th. The proceedings were opened by the Lord Mayor and Lady Mayoress, and one of the Sheriffs. The scene at the distribution of the Christmas tree presents was a very gay one. Father Christmas, a Pierrot, and a fireman (whom we were informed were respectively the resident staff) were indefatigable in handing the presents to the little ones, who had, where possible, been brought in from the other wards to receive them. They all seemed delighted with their gifts, which were indeed calculated to gladden the heart of any child; the only discontented person being the baby in the incubator, who persistently ignored her gorgeous rattle, puckered up her little wizened face, and wept. Tea was served for the guests at dainty little tables.

THE CHEST HOSPITAL, CITY ROAD.

This kept Christmas Day with festivity for the In-patients. Turkey and plum-pudding had no ill effects. In the women's ward a large snow man was a novel feature, and all the wards were gay with flowers made by the willing hands of patients

and nurses. Boxing Day was devoted to the Out-patients' party, when 140 children were entertained in the Out-patients' Hall. There was a large Christmas Tree, and Father Christmas gave away presents to each delighted child. An enormous Teddy Bear, life size, got in at the window, and it was whispered that a doctor from a neighbouring hospital was responsible for this breach of the peace.

THE EAST END MOTHERS' HOME.

Everything that love and ingenuity could provide was the portion of the mothers at Christmas in this charming Home. Fathers came to tea; every new baby's brothers and sisters (whether it were born in the Home or on the District) were invited to a party and Christmas Tree. They were given an excellent tea, at which one hundred and thirty sat down, and in addition each child had a toy and an article of clothing. Poor little mites, many of them came in the borrowed plumes of a neighbour's child, which revealed rather than hid their own ragged clothing. We were informed by the Matron that owing to the strikes their condition was far worse than in previous years. Every mother and baby in the Home and on the District received a splendid gift of clothes. The wards were daintily decorated. In some the little white cots were outlined with wreaths of silver-leaved holly. They contained the sweetest babies, for which the East End is not to be beaten. Here again we were told that turkey and plum-pudding agreed excellently well with mother and child. On New Year's Eve the Sisters are entertaining the nurses to a fancy dress ball. The cost of the costume is not to exceed 2s. 6d.

WEST HAM AND EASTERN GENERAL HOSPITAL.

This kept its festival on Christmas Eve, and all thoroughly enjoyed themselves. The men's ward looked bright and cheerful, the general scheme was red, which, with the scarlet jackets of the patients, had a very good effect. The women's surgical ward, which we were informed was fitted up by the Duchess of Marlborough, is decorated with white enamel paint and bright blue tiles. The children's ward is of similar design. In the latter miniature Teddy Bears depended from every point of the lamp-shades, and in the centre, hung from the ceiling, was a large floral circle, in which sat a fairy. The children were fairly bubbling with Christmas jollity, and sang many little songs for our benefit, "Leonard" being especially successful in "Twinkle, Twinkle Little Star."

H. H.

KELLING SANATORIUM HONOURED.

The Queen honoured Kelling Sanatorium, Norfolk, with a visit during her stay at Holkham, and subsequently intimated her pleasure to become the patroness of the Institution.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

The members of the Council of the British Hospitals Association met at St. Bartholomew's Hospital last Saturday. Dr. D. J. Mackintosh, the chairman, presided, and there were present representatives of the voluntary hospitals both from London and the provinces.

Mr. Conrad Thies, the honorary secretary, presented a memorandum in reference to the returns received from a large number of voluntary hospitals throughout the United Kingdom, which showed that the numbers of insured persons at the present time receiving treatment in these institutions were as follows:—In-patients, from 24 to 80 per cent., averaging 49 per cent. Out-patients, from 18 to 72 per cent., averaging 47 per cent.

The Council then proceeded to consider the treatment of insured persons in the voluntary hospitals, and ultimately resolved to make the following recommendations to voluntary hospitals:—

"The British Hospitals' Association is strongly of opinion that upon the medical benefits under the Insurance Act coming into force insured persons should be examined by a medical officer, but except for accidents, emergencies, or such special treatment as can only be given in a hospital, they should no longer be received in the out-patients' or casualty departments, unless accompanied by a certificate or introduced personally by the medical practitioner who is in attendance. In such cases, after consultation, they should be referred back to their medical practitioner, with an expression of the opinion of the hospital physician or surgeon on the case. And a list of all such insured persons and the practitioners by whom they are sent should be forwarded to the Insurance Committee of the district periodically.

"With reference to in-patients, insured persons whose cases are urgent and in need of hospital treatment should be admitted as heretofore, and hospitals should keep accurate records of all such persons admitted, and, if possible, the approved society to which they belong."

LEGAL MATTERS.

A CHARGE OF THEFT.

Margaret Norwood and Bessie Gill, wearing nurses' uniform, and giving their address at a London Infirmary, were charged at Marlborough Street, before Mr. Mead, last week, with being concerned together with stealing and receiving a number of articles of the value of £10 4s. 10d., belonging to Messrs. Selfridge & Co., Oxford Street, W.

It was stated in evidence that when in the manager's office one of the accused admitted having taken goods, and the other made a similar admission to Detective Beresford. Gill also said there were articles in her wardrobe at the Infirmary which she had taken from Selfridge's, and which were found there.

The accused were committed for trial, the magistrate refusing bail.

THE TOOTING BABIES HOME.

The case of Mrs. F. Kinghorne, of 26, Dagmar Road, Camberwell, was concluded in the South-Western Court, on Saturday, the 21st ult. Mr. Marriott prosecuted for the National Society for the Prevention of Cruelty to Children; Mr. Colam, K.C., defended. It was remembered that Mrs. Kinghorne kept a home for babies at Tooting, several of whom had died.

The suggestion of the defence was that the drains of the house, rented from the London County Council, were seriously faulty, permitting the escape of sewer gas, and affecting the health of the children. As the home was licensed by the London County Council, it was visited by one of their inspectors, who stated that everything was done for the comfort of the children. Some pre-judice had been introduced; and the defendant had been attacked for paying one of the nurses a salary of 10s. a week, and another 6s. What of that? asked Mr. Colam. The women were willing to work for these salaries.

Mr. Marriott said the defendant's neglect consisted of employing incompetent women; in not obtaining medical supervision; and in failing to secure a supply of coal. There was no proper nursing.

Mr. de Grey, the magistrate, said the case had caused him much anxiety. He did not think the home was properly conducted. But the case must be carried a step further. There must be wilful neglect. If the lady inspector did not see anything wrong there was an end to the case. The defendant acted imprudently in employing unqualified nurses and in dressing them up as professional ones. Under the circumstances he dismissed the summons, refusing an application for costs.

We have here much food for reflection, and a glimmer of hope. It is something quite new for Counsel to suggest that women employed to look after sick children shall be "competent," and hopeful for a magistrate to realise that it is even "imprudent" to employ unqualified persons as nurses and dress them up as "professional ones." We are getting on. Let us hope the Home Secretary will now be able to discern some connection between this "imprudence" (the poor babes are dead and buried in consequence) and the State Registration of competent nurses.

In our opinion the "imprudence" is nothing less than a cruel imposition, and if registration of nursing homes were in force it would be punished as such.

OUTSIDE THE GATES.

WOMEN.

Mrs. Garrett Fawcett, President of the National Union of Women's Suffrage Societies, asks that we should each personally do an important service to the cause of Women's Suffrage during the short time which is now left before the Government Franchise and Registration Bill goes into Committee. It is that we should get one man at least among our friends to write to his Member of Parliament, and beg him to support the Women's Suffrage amendments to the Bill. This is a bit of service we can each perform at very little trouble.

Suffragists were asked to spend a day in silent prayer in Westminster Abbey, on Thursday, 2nd inst. "O Thou that hearest prayer, unto Thee shall all flesh come." This call to prayer was signed by Mrs. Fawcett, Lady Frances Balfour, Mrs. H. Percy Boulnois, and others.

We are rejoiced to hear from friends in the United States that there is a great awakening throughout the nursing world there on the question of suffrage. They are beginning to realise the spiritual significance of the movement throughout the world. Well may American nurses do this, when they grasp the impetus given to this righteous demand by such women as Lucy Stone, Julia Ward Howe, Elizabeth Cady Stanton, Susan B. Anthony, Anna Howard Shaw, and Carrie Chapman Catt, not to mention our own dauntless stalwart, Lavinia L. Dock.

Alas! weeks pass, and the ruddy-handed rappers of innocent children are still at large. Apparently they can evade capture by the police at will. Neither the murderer of the two little victims at Rotherham, nor of the little girl scout at Woking have yet been discovered; and as the weeks pass one wonders if they ever will be! Horror and indignation appear unavailing where these lustful crimes are concerned; and unless murder is added to the more cruel crime of rape, the punishment is so inadequate as to be quite negligible. Surgical science, if permitted by a wise law, could soon stamp out this heart-breaking and abominable impulse—and would be just one of those Acts which women's votes could demand should be placed upon the Statute Book. Miss Dock writes in the *American Journal of Nursing*: "These hideous conditions underlie the English militancy, and it is time that all persons understood the truth."

It is stated by the *Law Journal* that a firm of solicitors, acting on behalf of a lady anxious to become a solicitor, have invited the Council of the Law Society to say whether they would give her facilities to raise in the High Court the question whether women are capable of being admitted.

BOOK OF THE WEEK.

MARRIAGE.*

"And the poor dears haven't the shadow of a doubt they will live happily ever after." Thus Mr. Wells on the title page. This will lead intelligent persons to perceive that it was not going to be all honey for Marjorie. Marjorie was the daughter of Mr. Pope, and Mr. Pope is a priceless person who could only have originated in the brain of Mr. Wells. He first realised his daughter when he discovered Mr. Magnet's face was transfigured when he looked at her. He perceived in a flash for the first time that this troublesome, clever, disrespectful child was tall and shapely and sweet. "He did not recall how bitterly he had opposed the college education which made her now so clear in eye and thought, nor the frightful shindy now only three months since about that identical green dress in which she now stood delightful. He forgot these petty details as an idealist should."

But Marjorie does not marry Magnet. After a long struggle of mind she becomes engaged to him, and after a short engagement she throws him over for Trafford, who falls from an aeroplane on to Mr. Pope's croquet ground. Magnet addressed her as Magsy, and surely that was a quite sufficient excuse, especially when one's betrothed is only just tolerable. Trafford was, of course, the one man in the world for her—they found that out in a very short space of time.

"She would have fled now to Trafford if an army had pursued her. There he was, dim and mysterious and wonderful, holding the gate open for her, and she was breathless and speechless and near sobbing. She stood before him, her face moonlit, and laced with the shadow of little twinges, and then his arms came out to her.

"My darling," he said, "oh, my darling!"

In spite of Mr. Pope, "Marjorie carried her point, and was eloped with romantically and splendidly into a glorious new world."

It was in a boat among the reeds upon the lake of Orta that Trafford first became familiarised with the idea that Marjorie was capable of debt. Marjorie was, in fact, a spendthrift, and Trafford's income was limited, so that it is easy to understand how difficulties arose. It was these very difficulties that form the string upon which the beads of this story are hung. "There was only one little thing at the back of her mind that alloyed her sense of happy and complete living, and that was the ghost of an addition sum."

The delightful furnishing of Trafford's study, the candlesticks she could not resist, the old brass-footed box they cried out for. "She decided to call this latter a *hors d'oeuvre*. She also decided she would some day economise it out of her dress allowance. In fact, everything which an artistic mind admired was obtained." Trafford,

* By H. G. Wells.

when at last the apartment was ready for his inspection, surveyed these arrangements with a kind of dazzled admiration.

"By Jove!" he said. "How little people know of the homes of the poor."

Old Mrs. Trafford took the window curtain in her hand. "But aren't these rather good?" she asked.

"They're not too good for *h'm*," Marjorie answered.

And so the quarrels came about, and Trafford had to give up scientific research and make money instead. Hungry and heartsick for the work that he had loved, wearied with the hollowness of a life of fashion, he tells Marjorie he must go away.

"Away from all this"—His mind stopped short and he ended with a cry. "Oh, God! How I want to get out of all this."

She found an old phrase running through her head. "Whither thou goest, I will go."

"In Labrador," . . . he began.

And to Labrador they went, and in the cold and peril and desolation they recovered their lost happiness and found their true selves.

"Think," said Trafford. "While we sit here in this dark hut, think of the surplus life that wastes itself in the world from sheer lack of direction. Think of our tremendously cherished and educated children, and when they grow up, what have we got for them? A feast of utility."

This is a brilliant piece of work which no one can afford to leave unread. H. H.

RAIN AFTER DROUGHT.

All night the small feet of the rain
Within the garden ran,
And gentle fingers tapped the pane
Until the dawn began.

The rill-like voices called and sang
The slanting roof beside,
"The children of the clouds have come;
Awake! awake!" they cried.

"Weep no more the drooping rose,
Nor mourn the thirsting tree,
The little children of the storm
Have gained their liberty."

All night the small feet of the rain
About my garden ran,
Their rill-like voices called and cried
Until the dawn began.

DORA SIGERSON SHORTLIFF,
From *Rain After Drought*

COMING EVENTS.

January 6th to 10th.—Post Graduate Course of Lectures on the Feeding and Care of Infants, with special attention to the Milk Problem. Fee, 4/1/8s. Apply to Hon. Secretary, Dr. Janet E. Lane-Clayton, 18, Craven Terrace, Lancaster Gate, London, W.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A HISTORY OF NURSING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR.—I shall be indebted to you if you will give me a little space for bringing to your readers' attention the forthcoming final volumes of "A History of Nursing." Instead of a third volume, there are two, third and fourth, bringing the details of nursing advance closely up to date.

What I wish to impress on your readers' minds is that these two last volumes have been given to the International Council of Nurses and are to be sold for the benefit of its treasury. All royalties from their sale will go to aid that treasury. Another thing important to remember is that the last two volumes may be bought separately from the first.

The price of the two final volumes is the same as that of the others, five dollars (21s), and as this is beyond the means of many individuals, I make the following suggestions:

Let all hospitals and training schools be asked and urged to buy the History for their libraries. All the nurses' clubs and homes should do the same. Then, training school directors might be persuaded to give their most meritorious pupils copies of it as a prize or reward when they receive their certificates. Medical, as well as general, libraries should possess it. If all these methods of pushing the sale of the third and fourth volumes were followed, especially in English-speaking countries, and if every year those nurses who are able to do so, would buy it, we should in time have a very fair income for our international treasury, which would enable us to maintain a paid secretary and to carry on international work more regularly and effectively than we can do now when all such work is volunteer, unpaid labour.

Another thing I will ask nurses to do is to have copies of the volumes of the History at all large meetings, so that it may be seen and thus advertised. This is an easy thing to do, and is useful.

The History will be procurable from all book-sellers, or the publishers, G. P. Putnam's Sons, London and New York.

LAVINIA L. DOCK

Honorary Secretary,
International Council of Nurses,

New York.

"KILLING THE GOOSE."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, I am not at all surprised to read that so many well-trained sensible nurses are off to the Colonies. Their gain is indeed our loss. It becomes increasingly difficult either to

get well-educated probationers in Poor Law Infirmaries, or to keep well-trained nurses; I have been almost in despair this last year. This should not be if the value of nursing was properly estimated, but so long as so many ignorant people meddle with it, we can hope for little improvement. I quite endorse your suggestion that there should be a Nursing Department at the Local Government Board. I believe many Boards of Guardians would welcome such a centre of information, and practical help. We have advertised for nurses more than once this year and not received one single reply. At one time I did not see the need for registration—now I realise that Nursing, like medicine and midwifery, must be encouraged by the State, and standards defined, or there is little hope for any improvement in nursing ranks; things are now decidedly on the down-grade, and a matron's life becomes a very anxious one.

Yours truly,

A POOR LAW MATRON.

THE DEPRECIATION OF DISTRICT NURSING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—My daughter, a strong, well-educated girl, with the right temperament had quite made up her mind to become a trained nurse. We wrote round to hospitals for papers and rules, and decided that the thing should be done thoroughly, and three years given up to qualify for her duties.

Imagine my surprise when visiting a cottager, to learn that one of the girls, by no means the pick of the basket, had been engaged by the County Nursing Association for a term of years, if she underwent six months' training in nursing, and six as a midwife. At the end of the year she would be in charge of a district miles from a doctor, have the title of "nurse," and wear nurse's uniform. But the best is to tell. This very ill-educated girl was to be trained in *six months* at the same institution at which my daughter was to be compelled to work for *three years*! Moreover, midwifery was not included in the latter scheme, so that after three years' hard work my daughter would only have a hospital certificate, which apparently counts for nothing, but the district nurse, after six months' training at the same hospital could take precedence as a "certified midwife," and act as an independent practitioner!

It seems like a Gilbert and Sullivan opera.

Why is such gross injustice allowed? Is there no order or standard for Nursing?

Anyway, my daughter has now decided to take up other work.

Yours sincerely,

A CLERGYMAN'S WIFE.

[We fear many well educated well disciplined girls, such as are so urgently required in hospitals and infirmaries, are deciding to take up other work, and the standard even in the leading hospitals

is difficult to keep up. The fact remains that there is no standard of nursing, it's all go as you please, and confusion must get worse confounded until the Registration Bill becomes law. It is to be hoped that as soon as all our Colonies have registration in force they will discriminate against us as quacks. We may then hope for legislation providing for reciprocity, or allow Germany to supply any surplus required. Several excellent registered nurses, charming highly educated women at Cologne, were anxious for full information concerning nursing prospects in Canada, South Africa, and elsewhere. When Mrs. Humphrey Ward and her noble Griseldas state in the public press that women's interests are safe in the hands of men, let them study the sordid history, extending over a quarter of a century, of the unscrupulous opposition to nursing legislation, or for ever hold their futile prattle.—ED.]

THE INDEPENDENCE OF THE PRESS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read what Lord Northcliffe said at the dinner of the Society of Women Journalists, about the independence of the press. I concluded he meant that it conducted its public work without prejudice. I therefore addressed a letter to one of his publications on State Registration of Nurses, as I had often noticed nasty little "anti" expressions of opinion, were freely inserted. My letter in support was not printed. That of a friend in favour has never appeared. Surely Lord Northcliffe is not aware of this partisan conduct of his paper; or if he is, where is its independence and fairness?

Yours,

A JOURNALIST NURSE.

[Don't waste time in writing to the *Daily Mail*, *The Times*, the *Daily Telegraph*, or *Westminster Gazette* in support of just educational or economic conditions, for trained nurses, or of protection of the sick from the exploitation of the untrained. The demand for Nurses' Registration has been persistently boycotted by these publications for years, and during the past session a proprietor of the *Daily Telegraph*, who is on the committee of the London Hospital, has been blocker in chief of the Nurses' Registration Bill. Moreover, don't waste pence on them. Now that the "Woman's Platform" in the *Standard* is open to an expression of independent opinion on all questions affecting women, use it, and recommend it to your friends. One good turn deserves another.—ED.]

OUR PRIZE COMPETITION.

January 11th.—Describe the chief abnormalities of the Pulse.

January 18th.—Describe the most unusual and interesting obstetrical case you have nursed.

January 25th.—What are the principal requisites in the care of rachitic children?

The Midwife.

ADVANCE MADE IN REGARD TO PUERPERAL INFECTIONS.

The last issue of the *Lancet* contains an interesting review of Obstetrics and Gynaecology from 1887 to 1912, being the Presidential address delivered at the inaugural meeting of the Midland Obstetrical and Gynaecological Society, by Professor Edward Malins, F.R.C.P., Emeritus Professor of Midwifery and Diseases of Women in the University of Birmingham. His remarks on the advance made in regard to puerperal infections, which we print below, are of special interest to midwives.

ADVANCE MADE IN REGARD TO PUERPERAL INFECTIONS.

Perhaps in no direction has this modern advance been more strongly marked than in the explanation of puerperal infections. The gain is great, yet we cannot ignore the past in tracing the steps by which it has been attained. Undoubtedly the era of regeneration is signalled by the work of Semmelweis. Semmelweis, with unflinching faith and dauntless courage, pursued the conviction which had obtained possession of his mind—that the origin of puerperal fever, so-called lay in the presence of cadaveric poison, the decomposition of animal organic material. Upon the foundation of his demonstrations and beliefs has arisen the superstructure of our present knowledge in this direction, with which the names of Pasteur and Lister will ever be associated. To Pasteur's discoveries, and to the researcher's sagacity, and insight of Lister we are indebted for the application of the doctrines enunciated with so much fervour by Semmelweis. During the lifetime of Semmelweis the facts and opinions that he strove to inculcate were received with mistrust, contumely and scorn. Borne down by the strain of his efforts and the opposition he encountered his mind eventually gave way. His ideals had not been realised, his work had been disparaged; he died at the age of forty-seven, unhonoured and unsung. Forty-six years later, a just, though tardy, tribute to his name and worth took the form of a noble statue placed in his native town of Budapest. I make this brief allusion to history to emphasise the credit due to the past in building up our present knowledge. Much might be said of others in the array of whom the names of Gordon, Charles White, Oliver Wendell Holmes, Simpson, and Stadtil stand out in strong relief as gifted pioneers in the march of progress. These suffice to show the trend of thought upon the question and the earnestness with which it has been kept in view.

The practical point is how far more recent discoveries have enabled us to combat the scourge of puerperal sepsis, and to abate the number of

deaths in childbirth due to this cause. The returns of the Registrar-General give us information that the endeavour has not been in vain. To quote from the last available report (1910): "Puerperal fever: The deaths referred to one or other of the definite headings comprised under this term—*i.e.*, puerperal septicæmia and septic intoxication, puerperal pyæmia, and phlegmasia alba dolens—numbered 1,113. In addition to these, 161 deaths were indefinitely certified as due to 'puerperal fever' (variety unspecified). The total number of deaths certified as due to puerperal fever (1910) is 20 below that in 1909, and compares with 478 so recently as 1901." The figures given show distinct improvement in the death-rate from puerperal sepsis. Our disappointment would be great were it otherwise in face of the unremitting attention bestowed upon preventive measures. For a large share of this we are indebted to the Midwives Act and the formation of the Central Midwives Board. The influence of this body in the training and supervision of midwives may be regarded as one of the greatest social reforms of our age. Time will mature the value of the work so far accomplished. Gradually the uneducated and the untrained will lapse from the roll of members, their places being filled by others of superior intelligence and competence; with this will bloom the light of a brighter hope in the future contest against these formidable evils.

The conviction that puerperal infection is a preventable complication has steadily become incorporated in the practice of midwifery. From nothing, nothing can come. If this truth be accepted, whence, may we ask, come the disasters and tragedies that make us halt and reflect? Surely they must arise from the infringement of elementary rules of knowledge, the breaking of well-known laws of cause and effect. I have always taught as an axiom that the safest rule in practice at the beginning is "to learn what is true in order to do what is right." This is compressed in a few short rules which may readily be remembered. That vaginal examinations are very seldom necessary; the size and shape of the pelvis and the position and movements of the child in the great majority of cases can be determined by external examination; all tears should be repaired at once, all donches avoided, and, lastly, the constant use of rubber gloves, kept for this purpose only. Blindell was not far from speaking the truth when he said that "he is the best accoucheur who keeps his hands in his pockets." It is a common error we often hear when a student tells us that he has delivered so many women. If it could be realised that women deliver themselves with the assistance of nature, oftentimes with less risk than with that of art, would it not be wiser simply to attend his cases rather than to subject them to the chance of unnecessary danger?

It is notoriously admitted that the mortality of childbirth in private practice is difficult to obtain with accuracy. Notification, now insisted upon, will give material assistance in framing an estimate. Possibly it may remove the opprobrium still clinging to some critics that the morbidity and the mortality of private practice is greater than that of either midwives or of special hospitals. May I digress for a moment and speak of what has been with me a long-nurtured desire that we should see maternity homes established for women to enter for the purpose of confinements only? Such homes may be under municipal control or they may be of private enterprise, registered, applicable to all classes of society on graded payments, according to social position and accommodation required. The practitioners in charge should be experts in midwifery, the equipment should be of the most modern kind, adapted solely for the object in view, and the nurses should be trained in the special subject of their duties. I feel convinced that many advantages may be gained in safety both to mother and child, a sounder restoration to health, a greater absence of risks, and, last though not least, less disturbance of household arrangements that are so frequently contributory to mental perturbation and physical discomfort. Prejudices may be overcome by reason; the prospect of confinement *tuto et jucunde* would tend to allay apprehensions and to lead to calmness and confidence in the result.

Perhaps one reason why the untrained and ignorant midwife does not work greater havoc is that metaphorically she so often "keeps her hands in her pockets." We once heard a vivid description of a labour when a trained hospital Sister, holding the L.O.S. Certificate, was present at a case conducted by a midwife of the old type. The midwife sat in a chair by the fire till the patient said, "it's come," when she went over to the bed, severed the cord, and retired with the baby to her chair. After an interval the patient again remarked, "it's come," and the midwife removed the placenta from the bed. In a labour conducted under these conditions there is little opportunity of infecting the patient, and when normal, with an ignorant midwife in attendance, it was probably the safest method. What happened in the abnormal cases is terrible to contemplate.

BUTTERMILK IN THE TREATMENT OF DIARRHŒA IN INFANTS.

Dr. Stolte reports four interesting cases of diarrhœa in infants from three to five months old, with their respective weight curves. They were losing weight from the diarrhœa and he substituted buttermilk for two or more of the ordinary feedings during the day, with almost immediate improvement in the stools, and ultimate gain in weight and general condition. Buttermilk is effectual, he says, on account of its low fat content and high lime content, and the considerable proportion of albumen.

CENTRAL MIDWIVES BOARD.

THE DECEMBER EXAMINATION.

At the December examination of the Central Midwives Board, 281 candidates were examined, and 229 passed the examiners. The percentage of failures was 18.5.

SOME LESSONS OF THE PENAL CASES.

We were only able last week to give the results of the cases heard at the Penal Session of the Central Midwives Board on Saturday, December 21st, but some interesting points require comment. We have often remarked that in those cases in which the midwife appears before the Board and defends herself, or is defended by her solicitor, points are often made in her favour which are not brought out in statutory declarations, and midwives are well advised whenever possible to appear before the Board. The last Penal Session of the Board was no exception to this rule.

Of three cases in the Manchester area in which the midwives appeared and were defended by their solicitors, one was simply cautioned, and in another the Board considered the charges not adequately proved, and took no action. Yet the charges as they appeared on the indictment, if proved, were sufficiently serious; as investigated by the Board, there was ample proof that there are two sides to every question, which the Board recognised by not censuring either of the midwives.

Incidentally we may remark that the Manchester Supervising Authority might have elicited the same facts and spared the Central Midwives Board needless work, and the midwives needless anxiety and expense. To the writer, who has attended most of the Penal Sessions of the Central Midwives Board since their establishment, the Manchester Supervising Authority appears to be the most unsympathetic of all in the kingdom to the midwives under their control, and we are not surprised that they regard the summons before the Central Midwives Board as the "appeal to Cæsar" which will ensure due consideration of the question at issue, and that the Board will "truly and indifferently minister justice."

In the first case the midwife was charged with negligence and misconduct in discontinuing her attendance five days after a confinement, neglecting to take the pulse and temperature of the patient, employing an uncertified person as her substitute, and that her register of cases contained records of temperature and pulse when in fact no pulse or temperature had been taken. In a second case in which she was concerned the charges were much the same.

The midwife, who was defended by her solicitor, Mr. H. D. Judson, gave her evidence clearly and well. The facts elicited by the Board were that she discontinued her attendance because she was ill in bed with a doctor in attendance; that she sent to ask another midwife to attend her cases, but she was unable to do so; she then sent to a woman who was known to her as attending

midwifery cases with a view to becoming certified, to ask her to visit this and other cases, and to come to her subsequently and tell her the pulse and temperature and the general condition of the patient. These were the records of temperature and pulse entered in her book.

Dr. Cunningham, who, with another lady doctor, Dr. Douglas, Medical Inspector of Midwives, attended on behalf of the Local Supervising Authority, stated that the midwife could have sent to the Town Hall for a certified substitute, and must have known that she could do so, as all working in the area were notified. The midwife disclaimed knowledge. The result was that she was cautioned.

Surely if a simple caution is all that is required the Local Supervising Authority might administer this without setting all the penal machinery of the Central Midwives Board in motion, with the expense of solicitor's charges, statutory declarations, and the expenditure of time on behalf of the Board, the expenses of two medical representatives of the Manchester Local Supervising Authority to town and back, and, to the midwife, her own, and her solicitor's travelling expenses, and the latter's fees.

The second midwife, in the area of the Manchester Local Supervising Authority, brought up was able to explain the charges against her so satisfactorily that the Board found them not adequately proved, and refused to take action. One of the charges was that, the child suffering from inflammation about the navel on August 30th, the midwife did not explain that the case was one in which the attendance of a medical practitioner was required. All the evidence which the solicitor to the Board was able to bring forward was that the child had an umbilical hernia on September 20th!

In the third Manchester case the midwife was struck off the Roll. We do not wonder considering she informed Mr. Parker Young that the lowest temperature she had taken in a patient was 60°, the highest 100°.

In one case in which the Local Supervising Authority had suspended a midwife for a fortnight after attendance on an infectious case, the Chairman spoke strongly of Board's disapproval of this practice. Doctors did not find it necessary to go into quarantine, and there was no reason why it should be imposed on midwives. If, after adequate disinfection a midwife went back to work, contrary to the wish of the Sanitary authorities, and she was reported to the Board, the Board would uphold her. This pronouncement is one which midwives should note.

INSURANCE BABIES.

Mr. Brunner, M.P. for the Northwich Division, stated at Middlewich last week that in order to commemorate the passing of the Insurance Act he proposed to give a silver cup to the first baby in the division that earns the maternity benefit. Questioned as to what would happen in the case

of twins, he replied, "Well, of course, there will have to be two cups."

His wife, he said, would also give a christening robe to the second baby born after January 15th.

MATERNITY BENEFIT EXPLAINED.

The Insurance Commissioners have issued a circular on the administration of maternity benefit, with a view to removing doubts as to the effect of certain rules. The circular states that

Under Section 18 of the Act societies have power to administer maternity benefit to their members "in cash or otherwise." A society may, therefore, if it think fit, instead of paying the whole of the benefit direct to the member in cash, administer part of it in kind by placing at the disposal of its members the services of certified midwives and doctors with whom it had made arrangements previously.

The value of the services would then be part of the maternity benefit, and the balance would be available for payment in cash or otherwise.

Due effect would have to be given to the proviso that the mother shall have free choice in the selection of the doctor or midwife.

Where societies do not propose to make any arrangements for providing the services of a midwife or doctor as part of the maternity benefit, the rule that a woman must be attended by a doctor or midwife must be read as a direction to the members and not as a condition of benefit. That is to say, if the rule is infringed, the society may inflict a fine if its rules so provide; but every case would have to be considered on its merits.

The rule does not authorise the society to refuse payment of benefit in respect of a confinement at which for any reason a certified midwife or medical practitioner was not in attendance, except in the rare cases in which husband and wife are both insured members of the same society and the society is satisfied that both parties were guilty of a deliberate breach of the rule.

According to Section 12 of the Act no payment can be made on account of maternity benefit while the mother is in hospital, and the amount otherwise payable must be applied wholly or in part in one of the ways provided by the section—viz., in payments to her dependents, or in payments for surgical appliances or otherwise for her benefit, or in payments to the hospital towards her maintenance while an inmate. In every case the whole of the benefit (where no such payments have been made) or the part remaining in the hands of the society will become payable to the member either in kind or in instalments or as a lump sum as the society may determine when the woman leaves the hospital.

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EDITORIAL.

NURSING UNDER THE INSURANCE ACT.

The work of trained nurses under the National Insurance Act is a question which must inevitably shortly engage the attention of the National Insurance Commissioners; indeed the Chancellor of the Exchequer, in the course of conferences last week with members of the Advisory Committee, and with the chairmen and clerks of insurance committees in England, Scotland and Wales, stated that in Bradford it had been proposed to establish a salaried service, including a staff of skilled nurses.

This raises the question of the importance of giving to trained nurses the direct representation accorded to all other sections of workers on the conjoint and other advisory committees. The standard of training for nurses of the insured sick—since this is not provided for by the inclusion in the Act of a Statutory qualification, as in the case of doctors and midwives—is a matter on which the nursing profession are entitled to be consulted, and nurses have a right to state what they consider to be an adequate salary.

How necessary this is may be gathered from the fact that while the Chancellor of the Exchequer stated that for Bradford with 100,000 insured persons a salaried staff should include 50 doctors at £500 a year (which would not, it must be remembered, be a whole time service), a consulting physician at £1,200 a year, and three specialists each at £1,000 per annum; the inclusive salary suggested by Mr. Lloyd George for the nurses to be employed, who would certainly hold whole time appointments, was £80 per annum. On dissent being expressed he substituted the sum of £100 per annum, upon which it was stated that nothing under £120 should be offered, and this in our opinion is far too little for such responsible work.

The fact of the Chancellor seriously suggesting a salary of £80 as adequate inclusive remuneration for the whole time services of skilled nurses, doing important work under an Act of Parliament, shows how little he appreciates the nature of that work, and that, it is evident, nursing labour is to be employed at as cheap a rate as possible. The other question, that of safeguarding standards, is of supreme importance both to the insured sick and to the nurses employed. To the sick, because if trained nursing is to be included in their benefits they have a right to receive it, and not the ministrations of certified midwives, or others with an amateur smattering of nursing knowledge.

Certified midwives have their own assured and honourable position under the Act, and we hope that their financial interests will be well safeguarded, as, under the provisions of the Midwives Act, their work is protected, and any encroachment upon it by unqualified persons penalised. Trained nurses have no such protection, and their expert work for the sick may be undertaken, and is undertaken, by midwives whose training is mainly directed to rendering them safe attendants on normal lying-in women who are not sick persons. Moreover, this regrettable method is sanctioned in England and Wales, in rural districts, by Queen Victoria's Jubilee Institute for Nurses, through the County Nursing Associations, and the only trained nurses on the Advisory Committees in these countries are officials and nominees of the Institute; therefore, whatever their individual opinions may be they cannot represent independent nursing opinion.

The nursing profession should take these facts seriously to heart, and press for a legal minimum qualification for trained nurses which could be included as the qualification for nurses of the insured sick in any amending Bill to the Insurance Act. This is a duty they owe to the community.

CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. KNYVETT GORDON, M.B. Cantab.

DYSMENORRŒA.

Dysmenorrhœa is the name which is given to the condition in which menstruation is accompanied by an abnormal degree of pain.

It will at once be seen that this is purely relative, inasmuch as a degree of pain which one person suffers without complaint, is described by another as agonising. One will neglect the pain altogether, while another will fly for relief to any drug or stimulant which will afford her temporary relief.

It also depends to a large extent on how a woman has been brought up, and on this point I cannot do better than quote a passage from Herman's admirable article on the subject. He says: "If she has been trained to live for others, she will only complain when the pain is so bad as to interfere with her duties. If she has been taught to think much of her own ease, and to use words loosely, she will make a great fuss over slight pain, and describe it in inflated and incorrect language. The result of treatment, whatever it is, will then be disappointing."

Still, when we have cleared the ground by eliminating the cases in which pain is more talked about than present, there remains a considerable number of cases in which there is really something wrong with the process of menstruation itself, which shows itself in undue pain at the period.

Now menstruation consists, amongst other things, in contraction of the body of the uterus in order to expel the broken up fragments of its lining, together with the ovum, through its cervix, or neck.

These contractions may be themselves painful, or the congestion of the uterus and ovaries, which is at its height just before menstruation commences, may be accompanied by pain. This latter condition is therefore known as congestive dysmenorrhœa.

Coming back to the uterine contractions, we can have three varieties of dysmenorrhœa from this cause, namely:—

- Obstructive.
- Membranous.
- Spasmodic.

The first two can, for our purpose, be dismissed in a few words, as they are neither of them common, and both depend on the existence of some actual obstruction to the expulsion of the menstrual products.

In the first variety there is some mechanical obstruction in the form of scar tissue, following

an operation on, or laceration of, the neck of the womb, the latter originating most commonly from the—often unwise—application of forceps to accelerate delivery at an unduly early period of labour, before the mouth of the womb is sufficiently open. Or the obstruction may be due to a fibroid tumour, or to a cancerous growth.

In membranous dysmenorrhœa, on the other hand, the fault lies not in the passages, but in the products. Here, instead of the lining of the uterus being broken up into a pulp which can pass easily, it is shed in large pieces, or sometimes in one entire cast, and difficulty in passage, accompanied by pain, is the result.

In spasmodic cases, on the other hand, there is no mechanical block, but the obstruction is due to spasmodic contractions of the uterine muscle, generally in the region of the cervix.

This variety usually dates from the commencement of menstruation, and the pain is characterised by its great severity (as compared with other kinds of dysmenorrhœa), and by the fact that it comes and goes. It is sharp and intense while it lasts, and rapidly disappears, and is quite distinct from the dull aching which is seen, for example, in congestive cases. Another point of distinction is that the pain in the spasmodic variety is not relieved by lying down. It usually comes on at the onset of the period, waking the patient up suddenly in the night, and when the pain is at its height the flow is scanty, and *vice versa*. It is more common in women of the sensitive than of the robust type.

Congestive Dysmenorrhœa.—Here the trouble lies not in what takes place during menstruation itself, but in the events which precede it. Though the causes of the trouble are varied and numerous, the essential feature of all cases of this type is that the congestion of, or, in other words, the flow of blood to, the pelvic organs which takes place at this time is increased, and is therefore accompanied by pain.

For purposes of classification, or, in other words, to systematise the knowledge of medical students, it is customary to draw up lists of the various things which are supposed to produce this congestion, but, for our purposes, we need consider two divisions only of the subject, namely, that in which there is nothing abnormal to be found on examination in the uterus and ovaries; and the other class, in which the trouble is due to such gross lesions as fibroids, inflammation, with thickening, of the tissue-connective tissue, which is normally packed round the uterus and ovaries, and helps to keep them in position, or inflammation, or displace-

ment, of the uterus itself. We can dismiss this class altogether with the statement that it is advisable to make an adequate examination of any woman who may be suffering from congestive dysmenorrhœa, in order that we may detect and treat surgically any remediable cause for the pain.

Coming back now to the class in which there is nothing abnormal to be found on examination, we notice two points about the pain: firstly, that it precedes the flow itself, often by some days; and, secondly, that it is relieved when the patient lies down. This is intelligible, because in the recumbent position the flow of blood to the pelvic organs is no longer helped by the force of gravity. It has been customary to distinguish two kinds of congestive pain, according as to whether the pain is felt in the region of the ovaries or in the back, but, inasmuch as the cause is an excessive supply of blood in each case, it does not very much matter which organ is most affected by it.

We come now to the treatment of dysmenorrhœa in general, and we at once find one great difficulty, which lies in the fact that pain at the periods always has a certain amount of effect on the nervous system of the patient, which may vary from a slight irritability of temper to the graver forms of hysteria, and even insanity, and we have to be very careful lest we run the risk of unduly attracting the attention of the patient to her genital organs by anything we do in the way of treatment. It is easy to see that the habit of dwelling too much on her own inside once started may be the commencement to the patient of a somewhat rapid progress down the broad way of "nervousness," which leads to mental destruction. It is, for instance, fatal for some persons to learn that they have ovaries at all. So we have to be careful not to treat as a pelvic ailment any condition which is purely mental, and consists in an inability to put up with a small amount of discomfort, combined with a great capacity for describing this discomfort in exaggerated language. Such patients are best treated by attention to their habits rather than to their insides.

Coming now to details, the first essential is that we should make—under an anæsthetic, if necessary—an examination of the pelvic organs, in order that we may detect anything abnormal which can be treated surgically, and not fall, for instance, into the error of administering sedatives for a pain which is due to a displacement of the uterus, or to a tumour or inflammatory mass in the pelvis. Very many women who suffer intense pain every month of their lives can be permanently cured by an operation.

The next point is to ascertain whether the case is one of spasmodic or of congestive dysmenorrhœa. In spasmodic cases of the milder type, relief can often be afforded by antipyrin, phenacetin, and the like, but it does not do to give these for a very long time. In the protracted and severe cases, a better method is to dilate the neck of the womb under an anæsthetic, by passing graduated metal bougies, or "Hegar's dilators," as they are called. This often effects a permanent cure. Pregnancy always cures, for the same reason.

In congestive cases, the obvious remedy consists in enforced rest on a couch while the pain lasts, and this may usefully be combined with the insertion into the vagina, as high as it will go, of a plug of cotton wool saturated with glycerine. This acts by abstracting water from the blood-vessels of the parts, and thus causing a flow of blood from the uterus and ovaries to take its place.

The main difficulty which exists in the treatment of dysmenorrhœa, whatever its cause may be, lies in the fact that sufferers, not unnaturally perhaps, usually treat themselves for some time before they send for a doctor; for this purpose they generally take either alcohol in some form or other, laudanum, or antipyrin or aspirin. In these two latter remedies there is no harm when they are administered by the physician, and the patient does not know what she is taking. But directly she begins to drug herself there is a danger—nay, almost a certainty—of the production of a habit which is worse than the original dysmenorrhœa in its effects on the nervous system. It is scarcely ever necessary or advisable to give opium in any form, and in practice it is found that very many cases of the morphine habit in women originate in its having been prescribed injudiciously for dysmenorrhœa.

LEAGUE LECTURES.

A very interesting Course of Lectures has been arranged by the League of St. Bartholomew's Hospital Nurses, to take place in the Clinical Theatre on February 5th, 20th, and on March 6th. On the first date Mr. Bishop Harman, F.R.C.S., will speak on "Eugenics: What is it?"; on February 20th, Miss Constance Smith, on "The Industrial Position of Women"; and "Some Aspects of Juvenile Labour" is the title of Miss O. I. Dunlop's lecture on March 6th. Tickets for members cost 2s., and for non-members 4s., and can be obtained from Mrs. Andrews, 31, Cotterill Road, Tolworth, Surbiton.

OUR PRIZE COMPETITION.

DESCRIBE THE CHIEF ABNORMALITIES OF THE PULSE.

We have pleasure in awarding the prize this week to Miss Fairbank, West View, Bury Road, Thetford, Norfolk.

PRIZE PAPER.

The pulse is one of the most important guides with regard to the patient's condition; therefore it is most essential the nurse should recognize any abnormality, and to do this she must be thoroughly acquainted with the normal pulse in health. In examining a pulse four points are necessary to observe: Frequency, size, compressibility, and regularity. It must be remembered that the pulse is slightly quicker by day than by night, and also when sitting up than when lying down, and any muscular exertion will raise it.

Frequency.—A quick pulse occurs with a high temperature, and in inflammation or fever it is quick, full, and bounding. A pulse that, with a stationary or falling temperature, gets quicker day by day, is a sure indication of a failing heart. A slow pulse is often found when a poison, such as bile, is circulating in the blood, and it is sometimes the first symptom of commencing heart paralysis in diphtheria, and is sometimes found in old people with feeble hearts. If digitalis is being administered unusual slowness may occur, when it must be reported and the drug immediately stopped. Unusual slowness is also met with in tuberculous affections of the brain. A running pulse is one that is so frequent and so small that it cannot be counted.

2. *Size.*—In noting this the size of the vessel as well as the size of the beat must be observed. A large pulse is one that feels larger than normal to the fingers, and is usually found in febrile conditions. A small pulse is one that feels smaller than normal to the fingers, and is usually found in heart weakness, and it is also found in kidney disease. In debility and great prostration the pulse will be thready; this is an extreme form of the small pulse.

3. *Compressibility.*—A compressible pulse is one that disappears under slight pressure, and shows that the heart is not sufficiently distending the arteries with blood. A dirotic pulse is a variety of the soft pulse, and occurs most frequently in the late stages of enteric fever. In this each beat is followed by a smaller beat, and for every beat of the heart a large and a small beat can be felt at the wrist.

4. *Regularity.*—A normal pulse should be regular in force, beat, and character. The beats

may vary in strength, strong beats being followed by weak beats, and there is not always the same interval between the beats. This is a serious condition; it is usually found in mitral disease. An intermittent pulse may also be classed under the heading of an abnormal pulse. In this the pulse occasionally drops a beat; it is not a dangerous symptom.

HONOURABLE MENTION.

The following competitors are accorded honourable mention:—Miss S. A. Cross, Miss Gladys Tatham, Miss B. Walker, Miss H. Mackenzie, and Miss O'Brien.

Miss S. A. Cross writes:—

It is more convenient to take the pulse at the radial artery just above the wrist, though, sometimes when it cannot be felt there, it may be perceptible at the carotid, temporal, or femoral arteries, because large arteries retain pulsation longer than the smaller.

When examining a pulse three fingers should be placed lightly over the artery. It is not merely necessary to ascertain its rate, but also its character.

It is apt to be more rapid when there is fever but this rapidity and severity varies in the different types of fevers. In scarlet fever the pulse is usually quicker than in enteric, while in rheumatic fever it is slower than in either of those.

It is important to note if the pulse is "large" or "small"; it may give a large or a small impulse to the fingers.

The "large" pulse is common during a feverish attack, and is due to the weakening effect produced by high temperature. This weakness has its influence upon the walls of the arteries, just as upon the muscles of the body, and so the arteries cannot contract after their usual manner, but, by relaxing, cause the blood vessel to become larger in calibre. It is this which gives rise to what is known as a "dirotic" pulse.

The "small" pulse gives a very slight pressure to the fingers because the artery is not being properly filled with blood. If it becomes so small as to be hardly perceptible it is termed a "thready" pulse.

Miss H. Mackenzie draws attention to the acceleration of the pulse caused by alcohol, tea, coffee, and tobacco. Individual susceptibility varies, but the increase of pulse rate after a pipe of tobacco in the morning may be from 15 to 20 pulsations an hour.

She further points out that intermittence at the wrist does not necessarily mean intermittence at the heart. The beat may have been

feeble, and not perceptible at the wrist, or it may have been hurried and incomplete, too early as well as too short.

Miss Gladys Tatham states that a very hard, full pulse unaccompanied by fever indicates that the blood pressure of the patient is too high. Cases of this kind are frequently met with in elderly men, who have once been accustomed to a life of activity and athletics, and have eaten accordingly. But with advancing years, or the cares of business, their exercise has dwindled without a corresponding decrease in their diet. Such subjects are often gouty.

QUESTION FOR NEXT WEEK.

Describe the most unusual and interesting obstetrical case you have nursed.

THE ANTI-REGISTRATION UKASE AT BART.'S.

(Continued from page 8.)

To the nursing world in general the suicidal policy adopted in 1910, so far as the status and stability of the Nursing School at St. Bartholomew's Hospital is concerned, remains a mystery. After spending thirty years in consolidating its skill and prestige, why at one fell swoop demolish it?

It is no mystery to us.

The explanation is simple. The Secretarial Department was jealous of the power of the Nursing Department.

Consequently the Nursing Department must be subordinated to the Secretarial Department. The question how to do it.

Sweep away honourable tradition.

Thus the last year of her life was a sad one for the dying woman who so valiantly protected the interests of the Nursing School.

By death came opportunity long awaited.

It was rumoured that no woman trained at St. Bartholomew's Hospital would succeed to power.

Help was sought where it was well known help would be eagerly proffered, and subsequently the advertisement issued for a Superintendent of Nursing for the Senior Royal Hospital in the Empire required no professional standard of certification. But what it did define was an age limit known to exclude the four most eligible women certificated at St. Bartholomew's Hospital, who held honourable and responsible appointments in London and Birmingham. Ultimately the whole nursing world was indignant at the appointment of a Matron's Assistant from the great East End emporium of Nurses at the London Hospital, who escaped

the age limit by only six months, who held a certificate for only two years' training, who had never had any independent professional charge as Sister or Matron, and who, moreover, was not eligible according to the professional grades at St. Bartholomew's Hospital to hold the position of Staff Nurse!

How was this accomplished?

By those opposed to liberty of conscience in the nursing world, through the fatal ignorance of the governors of St. Bartholomew's Hospital, and the apathy of its medical staff, where the nurses' interests were concerned.

Miss Annie McIntosh, the lady selected, was, to do her justice, credited with the desire to retire when the outburst of just indignation at her appointment found expression in the press at home and abroad. But, according to report, this course was not permitted by the anti-registration autocrats at the London Hospital.

Anyway, after a lapse of some months to allow natural indignation to simmer down, the new régime began at Bart.'s, and how complete it was may be judged from appearances if they count for anything. The new Matron of St. Bartholomew's Hospital, with its almost cloisteral traditions of simplicity of garb, appeared in the morning on duty in a pale blue, hobble-skirted garment, with cream lace *decolleté* transparencies at neck and arms!

Who was to bell the cat about that costume provoked an agitated discussion throughout the institution for days; ultimately, to the immense relief of the community, it disappeared.

Apparently the *mot d'ordre* was general affability until such time as it would be wise to strike.

Two years have seen the passing of every Sister who could afford to retire, so that time came a few weeks ago when one of these officials asked the Matron for permission for the nurses to discuss their own professional affairs in the Home, a privilege they had enjoyed for thirty years past.

Then the London Hospital policy against liberty of speech on the question of State Registration was put in force.

Permission was refused, and we are informed that the Treasurer and Committee have given their support to this insupportable prohibition.

This tyrannous action will, we have no doubt, give just the impetus required to carry the Nurses' Registration Bill high and dry on to the Statute Book of these Realms.

Anyway, it will be the duty of this JOURNAL to stand firm in its demand for liberty of conscience, and freedom of speech, for the members of the great Profession it serves.

E. G. F.

NURSES OF NOTE.

MISS LILLIAN D. WALD, LL.D.

Now that in the International Council of Nurses we are working under an American Dispensation, some acquaintance with the work of the distinguished women who have helped to build up our profession in that country, and to gain for it the honourable position which it enjoys, is of special interest. One of the most notable is Miss Lillian D. Wald, President, Head Worker, and Founder of the Nurses' Settlement, 205, Henry Street, New York. Miss Wald, who was born in Ohio, received her professional training in the New York Hospital Training School for Nurses, and was a special student in the Women's Medical College. In 1893 she founded the Henry Street Settlement, and organized the district nursing work connected with it.

Miss Wald is also President of the Social Halls Association, Vice-President of the New York Association for Parks and Playgrounds, and is connected with many other organizations concerned in social uplift. She is collaborating editor

of the *American Journal of Nursing*, and served as Commissioner on the Mayor's Push-cart Commission in 1906, and on the New York State Commission of Immigration in 1909. In 1902 she originated the work of the school nurse in New York City, which, so far as is known, was the first municipalization of visiting nursing in the United States or elsewhere. She also originated the idea of the Federal Children's Bureau, a Bill for which passed committees of both Houses in 1911, and was to be presented to Congress and Senate in the year just closed. She has also contributed important papers on topics of social welfare to various reviews. Recently her public work has been recognised by the bestowal upon her of the degree of LL.D., an honour which she has well deserved.

Nurses in the Eastern hemisphere will look forward to meeting Miss Wald as one of the pleasures in store for them at the meeting of the International Council of Nurses in San Francisco in 1915.

PATIENTS I HAVE KNOWN.

It is a curious fact as we take, as it were, a mental review of our nursing career, how clearly some of the patients we have nursed stand out: they always remind me of autumn leaves, borne away we know not where by the wind, and they only live in our memory. I started nursing in a little hospital belonging to

a Sisterhood, and I always remember an old pedlar who was brought in suffering from concussion; he was a very heavy drinker, but could never make up his mind to sign the pledge. As he got better he became very fond of our little chapel, and before he left us he decided if he made a vow there to abstain from all intoxicating drink, he would surely keep it; so one evening after Vespers, in the dim light, Sister and I knelt down before the altar with him



MISS WALD SMILING.

while he made his vow, and although, unfortunately, he sometimes broke it, he never rested till he came and told us; he visited us on his rounds for years, and when trade was good always put something in the alms box. He never allowed us to help him in any way; indeed, it was difficult to persuade him to take a meal, as he said "Folks would think he came for what he could get."

During my training in a provincial hospital, when I was on night duty in a busy surgical ward, there was an old daddy who used to get up sharp at five o'clock to make me a cup of tea. As the tea was produced from his locker and given to me from the scrubber's cup, it was rather a penance to drink it, and he always hovered round till I did drink it, as he said it

was not right to make "all the beds" without a drop of tea. He had, I am afraid, very little respect for nursing as a profession, as he frequently said "Why don't you go into service, Nurse? You would not work near so hard, and, I guess, be better paid, and I am sure you'd get on." I remember also a casualty brought in with angina—an unemployed engineer on tramp. I used to feel so sorry for him, and wonder what became of him, as when he went out he only promised to write if "he had luck," and I never heard of him again.

Then I think of a dear little tubercular lad of five, whose sole possession and joy were a fluffy monkey called "Jacko," and a handkerchief with a bright green border; these had always to be placed within reach both day and night or the outcry was terrible. Also a fat little East End Jew boy, who, between his fits of whooping, incessantly demanded "a piece of cut cake"; and so they crowd into my mind—a goodly army, some pathetic and some amusing.

Then, too, are those who who have gone to their rest, and whom at the festival of "All Souls" we especially remember—numbers who have been made perfect through suffering, and of whom we feel we can truly say "May the souls of the Faithful through the mercy of God rest in peace"; others who to our human judgment seemed ill-prepared to meet their end and who surely need our prayers. Then little children, whose span of life has been so short that they only seem to have entered the world to leave behind them a memory of pretty baby faces and loving, clinging little hands, and of them we say:—

The Angels once their guardians,
Their fellows now in grace,
With them, in love adoring,
See God the Father's face.

The lullaby to hush them
In that eternal rest,
Is sweet angelic singing,
Their Nurse God's Mother blest.

M. A. F.

THE OVERSTRAIN OF NURSES.

Orders for Dr. Hecker's address on the Overstrain of Nurses, delivered before the International Council of Nurses at Cologne, which is being published in English in pamphlet form, price 2d., or 2½d. by post, can now be sent to the Hon. Treasurer, I.C.N., 431, Oxford Street, London, W.

IMPRESSIONS ON NURSING IN THE UNITED STATES.

II.

In regard to this matter of the training of nurses, Miss Adelaide Nutting put the opinion of the enlightened American public very clearly in her address to the Massachusetts General Hospital Training School for Nurses, in January, 1912.

"Let me point out," she says, "how unanimous is the agreement that nursing is now recognized as of the highest possible importance to the health and welfare of the community, and, further, that the nurse to-day cannot fulfil adequately the larger demands now made of her without a sounder general education and a much better system of education in nursing than we have as yet anywhere worked out."

The Managers of the Bellevue training school for nurses for the Bellevue and allied Hospitals, in their last annual report note: "The subject of the training, the hours, the salary, and the ultimate career of the nurse is creating widespread discussion, *and is being carefully studied by our Board.*" And again: "The Board of Trustees have heartily co-operated in our efforts to meet modern demands in providing attractive quarters, good food, careful supervision of the health of the pupils, definite vacations, and more thorough tuition, *and to this the morale of the School is warmly responding.*"

Dr. David Sneddon, Commissioner of Education, has well said: "The person who to-day undertakes to follow the career of nursing without a grasp of the accumulated knowledge which the world has put at our disposal would be falling far short of any reasonable measure of human service."

The American ostrich is rapidly ceasing in nursing matters to bury his head in the sand. No go-ahead or up-to-date ostrich could or would respect himself nowadays after such conduct. He has done it in the past, as frankly and as unashamedly as the British ostrich is doing it at present. But it has occurred to him, by hard thinking, that the storms of evil in which it hails had nurses and uncured diseases, and preventible troubles of all sorts, have got a cause, and a cause which his powerful kicks can demolish.

Says Dr. Favill on nursing work: "The point is reached in our work where the structure is greater than the foundation, where the

foundations have got to be broadened in order to ensure the stability of the superstructure."

Broadening—yes, the broadening of the training, mental and ideal as well as scientific and technical, of the nurse, to meet the great widening of her responsibilities and her field of work, together with a generous co-operation of all parties interested, and a recognition by all of their interdependence, seem to me the fine foundation of the newer thought in the States. The newer thought, I say advisedly. "The States" is a very huge piece of territory, and it would be surprising to find a whole continent at one upon any subject. There are plenty of nurse-laggards, poor souls; plenty of backward hospitals, plenty of unintelligent individuals and hospital committees and governors and boards, still left to occupy all the splendid efforts of the nursing pioneers amongst our American colleagues and their friends.

But—and what a big "but"—that the dawn-light of knowledge has spread and is spreading faster than, alas! has been the case amongst ourselves, is proved by two very pregnant facts at the outset. The Registration of Nurses, together with their public examination, is an accomplished victory in many States of the Union, whilst we are still striving, and so far ineffectually, to convince our ignorant sisters and an unenlightened public that the measure is desirable in the interests of the public health. And again, a University education for nurses has been now for some years a possibility in New York. The post-graduate course under Miss Adelaide Nutting, at Teachers' College, Columbia University, is drawing some of the best of our nursing sisters in the States to take its curriculum.

It was, I think, with some trepidation that Miss Nutting telephoned over to me on my arrival in New York, for a rumour had preceded me that I was to spend four years upon that course. And, unless the instrument was out of order, there was certainly a distinct tone of relief in her voice when she learned that her elderly post-graduate student was a myth. It is unnecessary for her to repudiate the fact. She cannot bring any proof, although she will no doubt attribute it to the vibration of the wire. Don't you believe it.

One of my pleasantest evenings in New York was spent at the gathering of students, past and present, under Miss Nutting. They will, the students and herself, forgive me if I tell our nurses on this side the points which struck me most in that gathering. And first it was that wonderful sense of loyalty to their Alma Mater, of faithfulness to their Head, their

training and themselves, which ought to be, and alas! is not, derived from the atmosphere of every nurse-training school.

Secondly, their energy, their brightness, and their enthusiasm. And, thirdly their entire independence and self-respect, the freedom of spirit which obeys willingly, the independence of mind which recognizes the necessity of organized effort under a common authority.

Fourthly, the legitimate pride in their profession and a breadth of vision in regard to its possibilities which would, I am afraid, scandalize our weaker brethren—of either sex.

And such interesting women! I should have liked to spend many evenings hearing of their experiences, notably of those who had worked under Dr. Grenfell as pioneers in Labrador, with a minimum of comfort and approximate starvation diet. May the rest forgive me that, where all were delightful, I can but note these two.

This breadth of mind, professional aspiration and far-sightedness—this freedom—for I can imagine no other description—of the habitual mental attitude, is no doubt partly an attribute of a younger world, unbound by some of the harassing conventions, the unintelligent prejudices, which hedge the old world life, and spread the wet blanket of *Don't* over all effort to soar. Many a lesson I learned in the States. One of them was that, over there *there is no Impossible*. The poor emigrant of to-day may be the statesman of to-morrow. The cook may marry the millionaire. And these inherent possibilities are present unacknowledged amongst all classes. They make for self-respect, they make for intelligent effort, they make for true freedom of thought. And, more than all, they make for the deference to knowledge and the respect for others which should be the characteristics of all workers.

I was speaking with the Superintendent of the nurse-training school in a very big hospital, and I said to her, as I often do, "How do you get on with your Committee?"

"Oh," she answered, with an emphasis which carried conviction home to me, "I just *lean* on my Committee, and they are so helpful and smooth out difficulties for me so wisely." An independent woman who had learned to respect the views of others and they her's.

But perhaps the best example of respect for others, and for knowledge, which I came across was given me by a Superintendent of District Nursing and her two Committee ladies from a State west of New York. "You know," said the Superintendent, as soon as the Committee ladies' backs were decently turned, "those

two dear ladies have been splendid. They have simply set themselves to learn their work and its needs, and have never been above asking for information or advice, and you cannot think what a help and comfort they are in the work."

"Now," said the Committee ladies, when they got me alone, "you have no idea *what* a woman that Superintendent of ours is. She has let us entirely inside her work; she has allowed us to see and know everything that was possible; she is a great organizer and worker, and we cannot be grateful enough to her for all that she has taught us."

Now those are not, of course, the exact words, but I give you the exact impression conveyed to me. And, oh ye shades of minor gods and goddesses, who with untarnished lay minds have ruled from above—very much above—the destinies of district nursing amongst us, what think ye of these? Ye employ your lawyer and your dentist and your doctor, without presuming to dictate to them. But your district nurse and your hospital matron is your humble servant, to be educated or uneducated, trained or untrained, mother's help or capable and qualified underling, according to your pleasure. When will you humbly come to the self-respect which must respect the rights and the worth of others?

ALBINA BRODRICK.

THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY.

Members should note that—

1. Their *books and cards* must be sent in to the Secretary of their Society at the end of each quarter. (The date is printed on the card.)
2. Both book and card *must be signed* by the member to whom it belongs.
3. The amount paid by the member is entered in the Insurance Book, and that is the member's receipt.
4. Stamped cards should be sent in envelopes fastened down, to which a penny stamp has been affixed.
5. A member of an Approved Society must not pay in a stamped card to a Post Office.
6. Permanent, and not temporary, addresses should be given.
7. If a member does not get her Insurance Book and card for the coming quarter returned to her within reasonable time, she should write to the Secretary of her Society.
8. A pink card will be enclosed to each member who is entitled to medical benefit (*i.e.*, who has made 26 payments).

APPOINTMENTS.

MATRONS.

Romsley Hill Home for Consumptives.—Miss Hannah M. Murray has been appointed Matron under the Birmingham Hospital Saturday Fund. She was trained at the Royal Infirmary, Edinburgh, and was for two years a Sister in Charge of a female surgical ward at the Victoria Infirmary, Glasgow. For the past ten years she has been Matron at the Nordrach-on-Dee Sanatorium, Banchoy, N.B.

Galashiels Cottage Hospital.—Miss Jessie A. Morison has been appointed Matron. She was trained at the Royal Infirmary, Edinburgh, and has held the position of Matron to Galashiels Cottage Hospital, and of Criccieth and District Cottage Hospital.

Ilkley Hospital and Convalescent Home.—Miss S. E. Mather has been appointed Matron. She was trained at Chorlton Union Hospitals, and has held the position of Matron of Keighley Union Infirmary, and that of Superintendent Nurse in other institutions. She is a certified midwife, and holds a certificate for massage.

HEALTH VISITOR.

Leicester County Council.—Miss Mary A. Cruise has been appointed Health Visitor and Inspector of Midwives under the Leicester County Council. She was trained at the Mater Misericordiae Hospital, Dublin; the National Maternity Hospital, Dublin, and in the Public Health Department, Dublin. She has been Health Visitor under the Workington Urban Sanitary Authority, and school Nurse under Huddersfield Education Committee. Miss Cruise also holds the certificate of the Central Midwives Board.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

SUPERINTENDENT.

Miss Betsy Fulcher is appointed to Widnes as Superintendent. She received general training at Bolton Union Infirmary, Midwifery and District Training at Plaistow, and has since held the following appointments:—Queen's Nurse, Brigg, Winterton and Appleby, also Assistant County Superintendent and School Nurse, Cumberland.

TRANSFERS AND APPOINTMENTS.

Miss Mary S. Harrison is appointed to Brighton as Second Assistant Superintendent, Miss Jessie Avery to Edensor, Miss Emily Cauty to Burnley as Tuberculosis Nurse, Miss Gwendolen Chatfield to Hounslow, Miss Maggie Davie to Bury, Miss Julia Finucane to Kensington, Miss Florence Fry to Marlborough, Miss Olivia Kemp to Dullingham, Miss Isabel Lever to Cheltenham, Miss Julia Lloyd to Altofts, Miss Mand Maskew to Scarborough, Miss Eleanor Neale to Cambridge, Miss Edith Pollard to Tipton, Miss Florence Sugden to Dulverton.

THE PASSING BELL.

Many nurses will learn with deep regret of the death of Miss Susan E. Antrobus, Superior of the Guild of St. Barnabas for Nurses, which occurred on January 2nd, from bronchitis and pneumonia, at Nice, where for many years past she has spent the winter. Miss Antrobus was trained at the Northern Hospital, Liverpool, and was subsequently Lady Superintendent there; from 1867-70. In that year she was appointed Night Superintendent at Middlesex Hospital; and from 1872 to 1875 she was Lady Superintendent of the Nurses' Home, Carlisle. For thirty-six years, since first she founded the Guild, and it was connected with the name of the Son of Consolation, she has watched over its work, and has had the happiness of seeing its membership grow from the little group



MISS SUSAN E. ANTROBUS.

who met on St. Barnabas Day, 1876, to a society numbering thousands of nurses in all four quarters of the globe. Its interests have been her constant care; and to her, as well as to the Rev. E. F. Russell (whose invaluable help as chaplain she secured at the outset), numbers of nurses are indebted for an influence and a kindly friendship, which has counted for much in their lives. We are glad to be able to report that Mrs. Gardner (Assistant Superior of the Guild) was at hand when she was taken ill; and that she had two English nurses, one of them a member of the Guild. She was laid to rest at Nice on Saturday last, when flowers were sent by Mrs. Gardner in the name of the Guild of St. Barnabas. All members will be glad that Mrs. Gardner was with Miss Antrobus during the last days of her life, representing to her the affection and gratitude of the Guild as a whole. A solemn requiem on her behalf will be sung in the Church of St. Alban, Brook Street, Holborn, on Tuesday, January 14th, at 10 a.m. R.I.P.

NURSING ECHOES.

The extremely able article from Sister K. H. Wheatley, Red Crescent Society, Asia Minor, on Relief Work in Asia Minor, which we shall publish next week, will be read with great interest. It proves how wonderfully trained women are required whenever there is war, both to care for the sick and mother the unhappy living. We hope the peeresesses on the British Red Cross Committee will realize how insufficient are their units at the front without them.

Sisters Lily Warriner and Annette Obee have arrived safely at their destination at the hospital at San Stefano, near Constantinople. They had a most interesting journey overland through Germany, Austria, and Roumania to Constanta.

We draw the attention of general trained nurses who are contemplating taking up private nursing to how necessary it is, if they wish to complete their training, that they should obtain practical experience of the nursing of infectious diseases. Such training is of the greatest possible value in private work. The nurse knows how to look out for symptoms, and the necessity of reporting them to the doctor; she can give skilled help should a case of fever develop in conjunction with other illness, and such work is more highly remunerated than general sickness. Just now there are vacancies for nurses in the fine hospitals under the Metropolitan Asylums Board, and those who wisely want to add Fever Nursing to their other qualifications should communicate with the Matrons of the following hospitals: The Eastern and North-Eastern Hospitals, the North-Western and Western Hospitals, and the South-Eastern Hospital. We hope to see the day when experience in Fever Nursing will be included in the experience of every private nurse.

We learn that it is proposed to reduce the holidays of school nurses working under the London County Council, and to regard their work as pertaining to the Public Health Department rather than the Educational Department. Up to the present, nurses have been engaged on the understanding that they shall have the ordinary school holidays in the same way as the teachers, and this extra liberty has been a great inducement to nurses to take up the work, and to some extent counterbalances the disadvantage of the extremely modest salaries offered. We fear that if the holidays are shortened that the Council will find some of the nurses now in its employ will take up other

work, and that some intending applicants will hesitate to enter the Service.

The Countess of Altamont, President of the Haslemere, Hindhead, and Shottersmill Voluntary Aid Detachment of the British Red Cross Society (Surrey 52), recently held a reception at Whitwell Hatch, when the Detachment gave a display, first of a drill, Colonel Webb being in command, and then of their ability to prepare a hall for the reception of the wounded. While this was being done part of the detachment were rendering first aid, and when the hall was ready with camp beds, straw mattresses, an operating table, sterilizing apparatus, &c., the wounded were brought in. Dr. Jenkin, of Hindhead, medical lecturer on First Aid, was in attendance in overall and triangular cap, and attended the case brought to the operating table, and afterwards inspected the making of the beds. The members of the detachment wore Sister Dora caps, and the regulation Red Cross on their aprons.

The display ended with a second drill, at the close of which Miss Bewley gave evidence of her thorough knowledge of signalling, and with great rapidity and precision thanked Lady Altamont for her kind reception and for all the trouble she had taken in arranging the display.

After this Sir James Bourdillon explained the object of the Society, and the difference between its work and that of the St. John's Ambulance Society, which had now assumed the work of first aid in time of peace, while the work of the British Red Cross Society was international, and its members trained to render aid in war. The medical and nursing staff for 23 base hospitals were completely organized by the Territorials, and the work of the Red Cross was intended to help the Army Medical Corps to collect and render aid to wounded on the field.

Past and present nurses of the Sheffield Royal Hospital had a "reunion" gathering last week, the occasion being the annual "at home" of the nurses. Advantage was taken by many nurses who have received their training at the Royal Hospital of the opportunity of paying a visit to Sheffield to meet old friends.

The Matron (Miss Earle) received the guests in the Board Room, which had been tastefully decorated. Small tables were illuminated by fairy lamps, and decorated with crimson and white flowers, and plants and screens were also placed about the room with pleasing effect.

After tea, the visitors were conducted round the hospital, and were shown the Christmas decorations in the wards.

Miss Michie, the capable Superintendent of the Worcester City and County Nursing Association, has recently been appointed Superintendent of the Queen's Nurses in Ireland, and is to take up her work this week. While she will be congratulated heartily on her new appointment, general regret is felt at her departure from Worcester. The Queen's Nurses in Ireland number about 200, and Miss Michie's new duties will consist of supervising and organizing their work throughout that country. Her successor at Worcester is Miss Murphy, her present chief assistant. Miss Murphy has been at the institution for about 18 months, and has given proofs of good organizing powers.

The *Nurses' League Journal* of the General Hospital, Birmingham, just to hand, which is always excellently printed and produced, contains an admirable report of the International Congress of Nurses at Cologne, presented by Miss McFarlane, fraternal delegate from the League to the Congress.

The journal also contains a portrait of Mrs. Pritchard, who is about to retire from the staff, and an account of her work. Mrs. Pritchard was trained at St. Thomas' Hospital, London, in 1864-5, when the hospital was situated near London Bridge, and when Mrs. Wardroper was Matron, "very strict, but kind." After a variety of experience, and having been twice married, Mrs. Pritchard took up work at the General Hospital, Birmingham, in 1879, and, except for two years spent at the Queen's Hospital, she has since been connected with the General, working on night duty till 1893, when she was appointed Casualty Nurse. For the last ten years her special duties have been in the X-ray rooms.

Although in her 69th year, and trained nearly fifty years ago, it is interesting to learn that Mrs. Pritchard is thoroughly conversant with the most up-to-date treatment, and able to carry out treatment by X rays or Finsen lamp, and to take radiographs and develop them. She will be greatly missed, for she has been a kind friend to many poor people, both in the hospital and in their own homes, and she has endeared herself to many generations of nurses. The nursing staff past and present have subscribed to present her with a cheque of nearly £20; and Presidents past and present, members of the Hon. Staff, and of the Board, have also presented her with a cheque for £47 12s. 6d. She will also have a small pension.

There appear to be very cordial relations between hospital governors and nurses in many parts of Scotland. We note with pleasure that Lord Provost Stevenson opened a series of

Yesterday engagements by presiding at the annual New Year's Day meeting with the Nurses of the Royal Infirmary, Glasgow, held in the Dispensary Hall. On the invitation of the managers, a large company of friends attended the meeting.

The Lord Provost said his first duty was to wish the nurses a very happy New Year. The gathering, he noticed, was called a meeting of the managers with the nurses, and he supposed that that was meant to show how very much the managers felt that the success of that great institution depended upon the nurses. The doctors were well represented there, and he was sure that the managers would be the first to acknowledge their great indebtedness to the doctors; but the skill and the knowledge of the doctors would be in vain without the help of skilful nurses. He was sure that the doctors also would be the first to admit that. The nurses had many ways of healing, but, remarked the Lord Provost facetiously, "I am not sure that they do not, in healing, also occasionally convey wounds." He hoped that in the year which had begun, while they were healing many wounds, they would also heal the wounds which they themselves might happen to give. In conclusion, the Lord Provost spoke of the tremendous amount of suffering which had been alleviated in the Infirmary, and expressed the view that there was no finer mission than that of the nurse.

Such kind words of appreciation will no doubt inspire Scottish nurses to continue to perform their duties to the very best of their ability.

Nurses in New Zealand who are nursing the natives, the Maoris, are doing work which is greatly valued. *Kai-Tiaki* prints an extract from a recent report of Judge Jones, of the Native Land Court, which expresses his appreciation:—"Many natives have died, mostly, I think, from the neglect of proper treatment in the outset, and here I would like, if I might be permitted, to say a word of commendation of those brave and noble women sent out by the Department to assist in nursing the natives. Apart from the ordinary risks of their profession, they take their lives in their hands, and put up with hardships and discomforts which only one who travels the same roads and crosses the same rivers can realize. And all this they do ungrudgingly, and with a good moral effect on the natives, whom they are continually schooling in the necessity and practice of sanitation. Were there more of these nurses available, I think the course of the fever epidemic among the natives would be checked,

if not stayed." The Native Health Nurses attend on the tuberculous, and also visit the paiks. There are now eight of these nurses stationed in various places, and all are doing good work and enjoying it.

NURSES' SOCIAL UNION.

Mr. Stephen Paget will give the second lecture of the session to the members of the Nurses' Social Union (London Branch) on Wednesday, January 15th, in the Lecture Hall of the Institute of Hygiene, Devonshire Street, W., at 3.15. The subject of the lecture will be "The Germ Theory in Practice," and it will be illustrated by lantern slides.

Members of the Union, who are requested to wear their badges or bring their cards, will be admitted free. Nurses not members will be charged 6d., and others 1s.

AN INTERESTING EXHIBIT.

One of the most interesting exhibits at the Children's Welfare Exhibition at Olympia, which closes on January 11th, is that of Messrs. Burroughs Wellcome & Co., where twice in the hour throughout the day a series of practical demonstrations on modern first aid methods is being given, and the subject is further illustrated by a set of five cartoons showing some of the everyday accidents by road, rail, or motor car, in the factory and at home, which demand first aid treatment. The firm are past-masters in supplying the manifold needs of the public in portable, compressed and attractive form. Examples of this are their "Tabloid" First Aid Cabinets, small enough to be slipped into the pocket yet containing "Vaporole" aromatic ammonia, boric gauze and swab, cotton wool and bandage in tabloid form, solidified carron oil, perforated court plaster, boric acid ointment (borolax brand), a camel's hair brush, safety pins, and a card of directions, for the extremely moderate price of 2s. A larger size costs 5s. "Vaporole" aromatic ammonia may also be had in boxes of a dozen capsules, price 1s. 6d., which will surely supersede smelling bottles with salts of uncertain strength, and stoppers liable to refuse to be removed at a moment of emergency.

The "Tabloid" photographic chemicals also simplify the technique of this difficult but fascinating art, and should do much to increase its popularity.

"Tabloid" Brand Tea enables the traveller to be independent of the indifferent teas which he may have to put up with in the ordinary way, and to be provided in compact form with a tea adopted by those who are judges and connoisseurs for its excellency.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

At the Homœopathic Hospital the annual Christmas gathering of visitors took place on December 30th. Christmas Eve was, so to speak, the day of the home festivities, when the patients received their presents. On Monday the invited guests wandered at will through the really beautiful wards, which were seen to great advantage, decked as they were for the occasion with taste and skill. King Edward VII Ward was truly a marvel of beauty; "summer" indeed it was. The archway at the entrance was covered with blue and white clematis, tall Mary lilies and hollyhocks grew up the sides, standard rose trees of *named* varieties made exactly to pattern occupied a corner to themselves, butterflies were poised lightly on the petals, even a caterpillar was found to be climbing a stalk. Blue birds were flying across the ceiling, and were *singing* in an entrancing way. The miniature lake on the glass table was covered with waterlilies, and a little green frog had made an island for himself on the leaves. It would be difficult to imagine anything in the way of decoration to excel this. We understand that the flowers, which were marvellously realistic, were made by a patient in the Ward, the grouping done by the Sister. Congratulations to them both. In the Children's Ward, with its charming effect of pink quilts and lamp-shades, was a monster tree. The little infants were sweet in soft woolly jackets. A delightful feature of this Ward is the children's drawing-room. Tea was dispensed to the guests in the Dysart Ward.

A charming entertainment, arranged by the Ladies' Committee at the Chelsea Hospital for Women, for patients and nurses, when Lady Lonsdale received the visitors, was given on Thursday, January 2nd. In no hospital do the patients seem better cared for, or happier. Indeed, one said, with conviction, to the writer, "We couldn't be better cared for if we were duchesses." After tea had been enjoyed an excellent musical entertainment was given by Mr. Selwyn Driver, as many patients as possible being present, and then a wonderful Christmas Tree, reaching to the ceiling of a ward, bearing a fairy on its topmost bough, and gleaming with many-coloured electric lights, and altogether "mystic, wonderful," was quickly stripped of its fruit. The portion of the Matron, Miss Riddell, was a beautifully modelled doll, a native of Africa evidently from its colour, dressed in native fashion, and with a wee replica of itself slung on to its back. For each nurse as well as patient there was an acceptable gift, and many willing hands carried round the parcels to those patients who had to remain in their own wards. The decorations of the corridors and wards were as usual both dainty and effective. The festivities of the season were brought to a close on Saturday

last by a theatrical performance arranged by the nurses for their friends, and much unsuspected talent was revealed.

On the evening of January 2nd the Christmas entertainment took place at St. John's House, 12, Queen Square, Bloomsbury. It was an informal and friendly gathering, at which many of the nurses formerly members of the staff were present, for there is a strong feeling of affection for the House on the part of those who have worked in connection with it. Much amusement was caused by a competition in which those present were invited to guess the plays represented by some of the nurses, two prizes being given to those who guessed the greatest number. The first prize was won by Miss Richardson, and the second by Mrs. Hutchinson. Amongst the characters "Sweet Nell of Old Drury," "Mrs. Wiggs of the Cabbage Patch," "The Liars," and others were excellently portrayed. Both before and after supper dancing was greatly enjoyed, and Sir Roger de Coverley and musical chairs, at which the revels were led by Miss Greenstreet, were very popular. The Sister Superior was indefatigable in looking after everyone's comfort and pleasure, and all agreed that the evening was a great success.

THE KAISAR-I-HIND MEDAL.

Amongst the New Year's Honours the King has been graciously pleased to award the "Kaisar-i-Hind Medal for Public Service in India," of the First Class, to Mrs. Gabrielle Louise Caroline le Howard, M.A., Personal Assistant to the Imperial Economic Botanist.

ORDER OF NAVAL MERIT.

Authority has been given by His Majesty to Elena Josephine Emily, wife of Mr. Horace Prudentius Parodi, of Gibraltar, to wear the Cross of the First Class of the Order of Naval Merit, which has been conferred on her by the King of Spain.

DAINTY PREPARATIONS.

Most of us can remember in the days of our youth that the visit of a doctor was apt to be followed by the administration of a nauseous medicine, and if we escaped the doctor the home treatment for the good of our health consisted largely of such compounds as brimstone and treacle, senna tea, castor oil thinly veiled by a layer of brown sugar, iron and quinine, and other obnoxious drugs. Nowadays the taking of medicine may be quite a pleasant process; witness, Iron Jelloids, dainty and even delectable as well as efficacious. No child, however pampered, could object to taking these attractive little sweetmeats, and the "Jelloid" Co., of 76, Finsbury Pavement, E.C., are greatly to be congratulated on their introduction.

LEGAL MATTERS.

PARALYSED PATIENT SCALDED.

The circumstances of the death of a patient at a Private Asylum, two weeks after a bath in which her feet and the lower part of her legs were scalded, and her hips blistered, directs attention to the fact that baths should invariably be tested by the thermometer. The jury find that she had died from general paralysis of the insane, accelerated by scalds which were caused by the nurse forgetting to use a thermometer.

NURSE CHARGED WITH THEFTS.

Ada Gertrude Missenden, described as a mental nurse, and formerly Night Sister at an L.C.C. Asylum, was brought up at Marylebone, before Mr. Paul Taylor, after having been bound over at the East Sussex Quarter Sessions last week, charged with stealing and receiving a set of furs, a camera, and other articles valued at £11, from a residential home for nurses in the West End.

In November, 1911, Miss Clara Maney and the accused were staying at the Home, and Miss Maney went to a case. Sending to the Home three weeks afterwards for some things from her wardrobe, it was found that it had been opened and ransacked. A brooch which was amongst the missing articles led to the arrest of the accused.

Detective-Sergeant Parsons gave evidence as to the charges preferred against her at the East Sussex Quarter Sessions, including the theft of a quantity of dresses and furs from a house where she had been engaged at Crowborough. Medical evidence was offered that she had been attending insane persons and given way to drugs, hence the decision.

He subsequently arrested her at the Lewes police station, and brought her to London on the present charge. On the way he informed her that at least four nurses' wardrobes had been broken open and ransacked; as he had taken possession of a quantity of jewellery and clothing perhaps she would help him to distinguish between the things which did and did not belong to her. This she declined to do. One of the nurses informed the officer that she had lost jewellery from her wardrobe to the value of £50, and ten pawn tickets for jewellery were found in the possession of the prisoner.

The accused was remanded, and the case is being tried as we go to press.

TWELVE MONTHS' HARD LABOUR.

At the Kent Quarter Sessions Lily Everett, described as a nurse, was sentenced on Jan. 3rd to twelve months' hard labour for stealing a tiara and other articles worth £40 from a furnished house at Bromley in which she was tenant. Having left the house at Bromley, she was arrested through a ruse on the part of the police, as she applied for the post of housekeeper which had been inserted by them in a London newspaper. Her handwriting was recognised and she was arrested.

"MEHR SONNE"* (MORE SUN).

In the preface which foreshadows the tragic story, the writer of this interesting book—Sister Cecilia Wolff—speaks, with the authority of one who knows about the facts of the case, for the secular trained nurse of the present day in Germany. These facts are nothing less than grave indictments against the authorities, who are apparently not alive to their responsibilities towards the servants of the sick. The public, too, are not blameless, for we are told that much has been written and spoken about the protection of Nursing Sisters—called by one writer the "step-children of Social Politics"—and yet nothing real or definite for their alleviation has been done. The writer's remarks apply altogether to the Secular Sisters. She explains the position of the Religious Nursing Sister is infinitely better, who is also spared all anxiety about the future.

It goes without saying that there must be something very wrong about a system when suicide is recorded as a common cause of death in the mortality among these nurses in the year 1910. "I myself," writes an elderly Sister, "remember twenty suicides." These statistics are truly staggering. The writer's explanation of the existing state of things is: First, that there is a great deficiency of hospital nurses (which can well be accounted for), whereas among private nurses, where conditions are much more favourable, the supply is greater than the demand; secondly, there being no inducements for educated women to enter the profession—although there is the demand—they naturally keep out of it.

The story, written in vivid descriptive language, is throughout a pitiful illustration of these recorded facts, and forms an eloquent commentary on Dr. Hecker's famous speech dealing with the same subject at the recent International Nursing Congress held at Cologne. The heroine, Else Schön, is a well-educated girl, the daughter of a rich merchant, who, full of ideals and noble aspirations, overcomes the objections of her family and goes into a hospital to train. A family friend, the Sanitätsrat, who has known the girl all her life, tries to dissuade her from her purpose. She speaks rapturously of her ideals, he pitifully tries to spare her from the inevitable disillusionment. The kind old doctor admires the spirit and steadfast aim of the girl, and having proved that she has at least the needful characteristics for the difficult life, and failing to turn her from her purpose, he gives her what encouragement he can. She enters the hospital full of health and strength and inexperience. The author skilfully describes the manifold shocks and surprises which the girl has to encounter. The sickness and death of the patients make a strong appeal to her heart, and she proves herself to be

* Published by F. Bahn, Schwerin, Mecklenburg.

a conscientious and sympathetic nurse. But the objects of her greatest compassion are her fellow nurses, overworked women, into whose hard lives the sun does not shine. There is no separate, regulated system of night nursing. The nurses are often at work night and day. Else is horrified at the callous unconcern of the doctors, and the hardness of the Head Sister or Matron, herself a victim to overwork.

She tells herself that her mission in life must be to help her fellow nurses. Dr. Arndt, a high-minded and sympathetic man, the only doctor she can respect, encourages her to rouse them to a sense of their oppression, and to break down their prison doors, and promises to help her to start a reform movement, the objects being better pay and shorter hours. The would-be reformer experiences many disasters and scandals as the result of the slavery of the Sisters, besides which they are continually leaving in order to seek better conditions for themselves. The girl considers it her duty to report to the Matron the flighty conduct of two of the young probationers. She is snubbed for her pains, and no steps are taken towards investigation. The disappearance of the girls with two of the doctors is the result.

After this tragedies come thick and fast. One Sister is taken ill, and dies from the effect of overstrain. Another commits suicide by drowning herself; a third acquires the morphia habit and is only just saved from suicide by Else, who enters the room at the psychological moment when the young nurse is in the act of putting a glass of poison to her lips, and dashes it out of her hand. This incident, and the scene which follows—described with dramatic vividness—form one of the most pathetic parts of the story. The head doctor, hearing a scuffle, enters. He is met with a torrent of reproach from the poor distracted girl, who blames him for his heartless unconcern at the sufferings of the Sisters. She is finally taken to a lunatic asylum as a suicidal maniac.

Bad as things are, the lives of the Sisters generally are made considerably happier by the appointment of a new Head Sister, a marked contrast to her predecessors. Sister Alma is both capable and sympathetic. She endeavours to better the position of the nurses, but finds her task extremely difficult without support. The Sisters continue to fall ill from overwork. In despair she goes to visit the Mayor—the hospital is under Municipal control—and begs for six months' leave for an overworked nurse; he gives a grudging promise to bring the matter before the Committee. A shortened leave is the result. Else Schön now begins to show signs of overwork, and Sister Alma, to whom she has become very much attached, sends her home for a month's holiday. She breaks down with an attack of phthisis. Her disillusionment, together with her disappointment in having to give up the work she really loves, preys upon her mind and she becomes deeply depressed. At this time Sister Alma writes to tell Else that she is obliged to resign her post, because her desire for reform is

inconvenient to the authorities. The girl tells her parents, who invite her to stay with them. Her forceful character and kindly, unselfish disposition endear her to all members of the family. She fearlessly reproves Else for her selfishness in grieving her good parents by her persistent melancholy, and points out that there is other work for her to do now that she has recovered, also that her fate is infinitely better than that of so many of the Sisters, who have not the good home and care that she has been able to enjoy. Else accepts the reproof and rouses herself. Sister Alma, hearing of a new organisation which has been established with the object of securing better conditions for the secular Nursing Sisters, eagerly joins it, and persuades Else to use her pen and past experience in writing for the organ of this society. She gladly avails herself of the opportunity. There can be little doubt that this society is the well-known Berufsorganisation der Krankenpflegerinnen, of which Sister Agnes Karll—to whom the book is dedicated—is the honoured president.

Else fights one more battle with herself and wins. Dr. Arndt writes that he has a very good post, and begs her to share it with him. She is faced with a difficult decision. For a moment she conjures up visions of a happy life with a noble-hearted man; here was the realisation of her aspirations within her grasp; together they could work for the good of mankind. After a brief struggle with herself she writes to decline the offer of the man she loves, on the ground that a delicate wife would be a hindrance and not a help to him.

The writer has ably accomplished what she set out to do, namely, she has shown up with vivid realism the terrible conditions of life and work among the hospital Sisters. She points out the stupidity of a system which allows one set of people, whose lives are of value to the State, to help to cure others while they kill themselves in the attempt, the cruelty to the Sisters themselves, the callous indifference of the doctors and the public, and the moral detriment to humanity generally, of deliberately and ruthlessly destroying the ideals of warm, aspiring hearts. Sister Wolff very truly says that "to have one's idealism reduced to practicability, and to have one's misconceptions of the world and life made clear, is wholesome, but the blessing of work is lost, if by overwork ideals are destroyed."

This book was quoted by Dr. Hecker in his paper read at Cologne, and it is most earnestly to be desired that it should be widely read by the German public. There can be little doubt that it would awaken the corporate conscience to a sense of its most obvious duty in putting an end to such a scandalous state of affairs.

We can confidently assure the author—to whom we offer our thanks for her altruism—of the sincere sympathy of her English sisters, who hope that the pathetic and able appeal for "Mehr Sonne" in the lives of German nurses will receive a generous response.

BEATRICE KENT

OUTSIDE THE GATES.

WOMEN.

Miss Constance Maynard, who since its foundation in 1882, has been mistress of Westfield College, University of London, a College founded on a definitely Christian basis, will resign the position at the end of the summer term this year. Miss Maynard, who is a vice-president of the Society for the State Registration of Trained Nurses, has a unique record as a pioneer, as her educational experience covers the whole period of the movement for the higher education of women. She was an early student at Girton, and one of the first two women students to take the Moral Science Tripos.

We are informed that notices have been displayed in all the London telephone exchanges, sent by the Controller to the head supervisors, officially warning them against White Slave traffickers, putting plainly before them the dangers with which they may meet, and pamphlets issued by the National Vigilance Society have been circulated throughout London. Girls are warned never to speak to strangers, men and women, in the street, or to ask the way of any but officials on duty. A girl should never accept an invitation to join a Sunday or Bible Class given by strangers, even if they are dressed as sisters or nurses, or are in clerical dress; they should never accept a lift in a motor or taxi-cab.

Women dressed as hospital nurses, who come with stories of the sudden illness of relatives should be distrusted, and girls should bear in mind that sweets, food, water, and flowers offered them by strangers may be drugged. Telephone operators are advised to report immediately to the head supervisor any annoyance or unpleasant incidents to which they may be subjected. It is intolerable that the uniform of the trained nurse should be used as a decoy for this abominable traffic, and that honourable nurses whose work is essential and invaluable to the community should be denied by the Government the power of differentiating themselves from its loathsome promoters through means of a State Register.

On Tuesday, January 21st, Miss Floribel Florean, who has gained well-deserved distinction by her charming rendering of South African Folk Songs, will give an evening concert at the Bochestein Hall, Wigmore Street, W., when the public will have an opportunity of hearing these songs rendered in the Boer dialect, full English translations being given in the book of words. One half of the profits will be given to the Suffrage cause. Tickets may be obtained at the Hall, or from Miss Florean, 34, Anson Road, Cricklewood, N.W.

The quarterly issue of *The Conservative and Unionist Women's Franchise Review*, always admirably presented, contains a portrait of Mrs. Sidgwick, a Vice-President of the Association.

BOOK OF THE WEEK.

ERICA.*

It is rather difficult to imagine why such a shallow and unlovable person as Erica should be made the subject of a whole volume. It takes all sorts to make a world, however, and we have no doubt whatever that this story will become extremely popular with Mrs. De la Pasture's many admirers. For ourselves we confess to disappointment; but perhaps the sequel to Erica and her son that we are promised will be some satisfaction. Erica, the only child of widowed Lady Clow, is described more than once as "hopeless middle class," which we think rather hard on the middle class. Lady Clow, poor, vacillating, with a "face large, flabby, yet cherubic, a tremulous mouth which once had been lovely," is altogether dominated by her selfish and clever daughter. At the outset of the story Erica has just broken her engagement to the wealthy Christopher Thorveton, and is on her way to marry by special licence "the man I love," the Honourable Thomas Garry. This is about the best action that is recorded of her. Christopher dies of pneumonia a few days subsequently and she takes advantage of this to keep his valuable presents, and even to use the trousseau bought with his money for her marriage to Tom.

Tom "is one of the best," and adores the beautiful girl he has married. At times a glimpse of her better nature comes to the surface, and, shamed by his complete trust in her, she makes confession of a somewhat shady past, with lies that are half-truth. She is very clever, Erica!

The room was warm and she had thrown aside her furs; her open jacket disclosed a blouse of exquisitely embroidered muslin on fine lace, the necklace, twisted twice lightly about her throat, rose and fell upon her bosom.

"I love those pearls," Tom said quickly, "I love your always wearing them. They have become somehow a part of your personality. When did you first begin to wear them?"

She was furious with herself because she could not control the warm colour which flooded her face and neck.

"Erica," said Tom in a low voice expressive of distress and mortification, "was it Thorveton who gave them to you?"

It took all her self-control to hide the exasperation which possessed her. . . . She was obliged to take off the necklace and hand it to him, looking very meek and lovely as she did so, with lashes cast down to veil the vexation in her eyes.

"Darling," he said, stuffing them into the pocket of his light overcoat with a carelessness which exasperated her, "I'll get you some like them as soon as I can afford it."

Erica had some ado to prevent herself from laughing derisively.

* By Mrs. Henry De la Pasture (Lady Clifford). Smith, Elder & Co., Waterloo Place, London.

Nice, honest, straight Tom sustains a fatal accident at polo about six months after their marriage. We are much pleased with the sketch of the trained nurse who attends him in his last hours. It is neither overdrawn nor does it represent the common sort of individual that we are familiar with in the modern novel.

"Do you mean he's in actual danger?" stormed Lord Erriff, still in a whisper, and even as his brother whispered his sorrowful answer, the nurse came out on to the landing above and down to the first turn of the stairs in a kind of soft rush.

"Come," she said breathlessly, and beckoned and was gone instantly.

"When they entered, Tom's dark head was already supported by her kind, strong arm. . . . As she laid him back on the pillows and closed the dark eyes the expression of grave relief grew and settled upon his face, and the anxiety faded for ever.

It was well he died before the full realisation of his wife came upon him.

H. H.

THE DOOR OF LIFE STANDS WIDE.

The long years slide,
The Door of Life stands wide,
Ghosts creep inside,
With their dead fingers hide
Present from Past.
Dear God, be kind!
Grant that I keep enshrined
Within my mind
The love of human-kind
Until the last.

COMING EVENTS.

January 6th to 16th.—Post Graduate Course of Lectures on the Feeding and Care of Infants, with special attention to the Milk Problem. Fee, £1 IS. Apply to Hon. Secretary, Dr. Janet E. Lane-Clayton, 18, Craven Terrace, Lancaster Gate, London, W.

January 15th, 22nd and 29th.—Trained Women Nurses Friendly Society, Meeting of Committee of Management, 431, Oxford Street, London, W. 5 p.m.

January 15th.—Nurses' Social Union. Lecture on "The Germ Theory in Practice," by Mr. Stephen Paget, F.R.C.S., Institute of Hygiene, Devonshire Street, W. 3.15 p.m.

January 23rd.—Nurses' Missionary League. Miss Richardson "At-home," 52, Lower Sloane Street, S.W.

February 5th and 20th, and March 6th.—The League of St. Bartholomew's Hospital Nurses Course of Lectures. "Eugenics, what is it?" by Bishop Harman, Esq., F.R.C.S. "The Industrial Position of women," by Miss Constance Smith. "Some Aspects of Juvenile Labour," by Miss O. I. Dunlop, D.Sc., Clinical Theatre, St. Bartholomew's Hospital, E.C. Tickets from the Hon. Secretary. 5.30 p.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not IN ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

FREE SPEECH PROHIBITED AT BART'S.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I cannot express with what sorrow and indignation I read your article on "Anti-Registration at Bart's" in this week's JOURNAL.

Being an old Bartholomew's nurse, and one who fully valued and appreciated the privileges we enjoyed in the Hospital, it seems incredible to imagine that anyone in these enlightened days could think that by not allowing free speech and free discussion any great progressive movement for the betterment of women, such as State Registration for Nurses, for which St. Bartholomew's Hospital nurses have been working for years, could be retarded.

Being Hon. Sec. of the Defence of Nursing Standards Committee, which was formed by old Bartholomew's nurses to make a public protest against placing a lady without a three years' term of training in the Hospital before certification as Matron, how justified was our protest, if, after a little over two years, the right of considering their own professional affairs and free speech has been prohibited to the sisters and nurses of St. Bartholomew's!

Yours sincerely,

ELLEN SHUTER.

Cleveland House, Chiswick Lane, W.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As a nurse certified in the school attached to St. Bartholomew's Hospital, I beg to thank you for calling public attention to the tyrannous act of the Matron, Miss Annie McIntosh, in denying free speech to the sisters and nurses in the hospital.

Those of us who publicly protested against the degradation of our three years' standard of training when the present matron was appointed in 1910 realised that sooner or later our professional rights and privileges would be attacked, and that a matron's assistant from the London Hospital had been selected for that purpose.

In my opinion it is an outrage that the three hundred sisters and nurses on the staff, many of whom have given years of devoted service to the institution, and are educated professional women with ripe experience, are to be treated like serfs by this autocratic official.

The question of State registration of nurses is the question of a guarantee of efficient nursing for the public, whom the nurses serve; it also means just educational and economic conditions

for trained nurses, which at present are undeniably unjust. The latter, I presume, is the reason why highly paid officials such as the Matron of the London Hospital, and her pupil the Matron of Bart.'s, oppose so bitterly any freedom of thought, speech, or action, for the unfortunate women who are compelled to work under them.

It is high time that Parliament dealt with this question of the organisation of nursing and the protection of nurses by passing the Bill for their registration, which has been before it for nine years; and that the social influence privately brought to bear against it should be exposed.

Let the public demand a detailed and audited balance-sheet of the huge private nursing business carried on by the London Hospital, and judge if the thousands and thousands of pounds of profit made on the labour of these working women is just.

There are some of us who suspect that as soon as free speech is quashed, it is most probable that the serious financial deficit at Bart.'s may be substantially decreased by the adoption of the London Hospital system of exploitation of the private nurses' work.

These questions of the autocracy of hospital matrons, and the oppression of nurses, are boycotted by so many daily papers that the public know little of their injurious effects.

I very sincerely hope you will do me the justice to insert this letter.

Yours truly,

GEORGINA B. MACVITIE
Cert. St. Bartholomew's Hospital.

[Several letters, all equally indignant in tone, from certificated Bart.'s nurses, are held over from want of space.—Ed.]

THE STATUS OF DISTRICT NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Letters on the depreciation of district nursing—which in rural districts has been rapid and unquestionable of late years in England, have interested me greatly. I was amused at a recent meeting, called to eulogise district work, a belted Earl in the chair. Some of us hard workers (Queen's Nurses) had been sent to the platform. There came along a "committee lady." She swept us with a supercilious glance; then, commanded, in a loud voice, "Ladies on the platform, nurses to the side seats!" We rose meekly, and effaced ourselves—not without a sense of indignation and amusement. We didn't care a fraction that the imputation was we were not "ladies" (many of us are not), but we resented the insult to our cloth—and the innate contempt of the employer for the worker.

Yours truly,

A QUEEN'S NURSE REGISTRATIONIST.

REPLIES TO CORRESPONDENTS.

Health Visitor.—We felt sure you would find the pamphlets useful. We recommend to your notice the following works by Dr. F. B. Lowry, and published by Forbes & Co., Chicago, at 55 cents., mailed: "Truths: Talks with a Boy Concerning Himself"; "Confidences: Talks with a Young Girl Concerning Herself"; "False Modesty that Protects Vice by Ignorance"; and (price 1 dollar) "Herself: Talks with Women Concerning Themselves." They deal with sex-education, and blame ignorance of this subject as the most potent factor in the production of the loss of health and misery that ruin so many lives.

C.F.T. London.—Why not ask the question, before signing the contract, "Is the committee of this hospital hostile to the State Registration of Nurses?" If the reply is in the affirmative, avoid it; intelligent women are not required on its staff. We fear in the future the hospital you mention will repress professional aspirations. We regret we cannot advise you to go there—as in the past we should unhesitatingly have done.

Scottish Nurse Dundee.—Apply to the Superintendent, Scottish Branch, O.V.J.L., 20, Castle Terrace, Edinburgh. The present high standard for district nurses is to be maintained, and we sincerely hope it always will be.

Queen's Nurse.—We think you would find an "Index of Practical Nursing," by Dr. J. Basil Cook, D.P.H., Senior Assistant Medical Officer at Kensington Infirmary, published by Messrs. Baillière, Tindall & Co., 8, Henrietta Street, Covent Garden, W.C., very useful. The price is 2s. net. The book assumes the reader's acquaintance with the rudiments of Anatomy, Physiology, and First Aid, and avoids as far as possible the use of technical terms.

The Editor will be obliged if Mrs. M. E. Thatcher and Miss H. Colvin will communicate their addresses to her at 20, Upper Wimpole Street, London, W.

OUR PRIZE COMPETITION.

January 18th.—Describe the most unusual and interesting obstetrical case you have nursed.

January 25th.—What are the principal requisites in the care of rachitic children?

NOTICE.

The Editor hopes that every reader who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers—so that its constructive work for the profession may receive ever increasing support. Address of Office, 431, Oxford Street, London, W.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper. Only the most reliable firms are accepted by the management.

The Midwife.

CENTRAL MIDWIVES BOARD.

LIST OF SUCCESSFUL CANDIDATES.

The following is the list of successful candidates at the Examination of the Central Midwives' Board, held in London on December 16th, when out of 281 candidates examined 229 passed the examiners, the percentage of failures being 18.5.

LONDON.

British Lying-in Hospital.—B. M. Chartres, C. Rönning, V. Sawyer.

City of London Lying-in Hospital.—E. Bradshaw, L. J. F. Clarke, K. A. Dolby, S. M. Evans, M. Gould, D. A. Higgins, A. M. Lydall, M. G. E. Medus, E. A. Palmer, E. Spears.

Clapham Maternity Hospital.—E. G. Earl, O. Green, J. E. E. Gruhn, L. F. Nutt, E. H. Smith, M. Welch.

East End Mothers' Home.—M. H. Bond, M. E. Craven, E. J. Johnston, A. Jones, R. V. M. Moreton, L. Nunn, M. Parker, E. Woodward.

Edmonton Union Infirmary.—O. A. Fox.

General Lying-in Hospital.—M. E. Chambers, A. Chappell, I. E. Dixon, M. M. Everest, H. S. Mailing, G. Page, M. Reeves, M. Rogers, H. G. Summerbell, J. Wilson, F. Wood.

Guy's Institution.—U. M. Collett, N. Foster, M. E. Foxon, G. Jones, E. E. Preston.

Holborn Union Workhouse.—E. B. E. Gale.

Kensington Union Infirmary.—M. A. Birkill.

London Hospital.—C. L. Baker, H. M. Daly, P. E. Dawson, L. P. Deakin, D. G. Grayson, M. M. Horman, E. M. Mayers, E. M. Rowlands, M. Silkstone, C. D. Soper.

Maternity Nursing Association.—M. A. J. Chambers, M. Grist, A. A. L. Hurt, E. M. Ingrani, H. M. Jones, E. E. B. Roberts, E. J. Smith.

Middlesex Hospital.—H. B. Simpson, E. Thorpe, M. A. Tinson.

Plaistow Maternity Charity.—C. A. Aston, B. Bayley, A. Bedford, A. M. Benfield, R. E. Fairchild, E. M. Hall, G. Hillyer, J. Jones, A. A. Matthews, B. A. Moore, J. Roberts, A. E. Rodwell, E. S. Scott, E. Winsborough, F. Wood.

Queen Charlotte's Hospital.—M. Capps, E. C. Chadwick, D. E. Chalker, C. M. M. A. D'Andria, D. Hart, I. C. Harth, C. Heywood, G. C. I. Ince, M. H. Lane, J. J. Myles, D. Pemberton, G. H. Richardson, I. J. Robinson, A. L. Roewe, E. A. I. Rogers, M. A. Soffe, M. Tustain, F. C. Walker, M. Walters, E. M. Williams.

"Regions Beyond" Missionary Union.—L. Bach.

Salvation Army Maternity Hospital.—L. Frost, M. M. M. McGhie, C. Murphy, M. J. Neilson.

St. Bartholomew's Hospital.—D. M. Wilkins.

West Ham Workhouse.—M. A. Bridger, D. K. Chapman, A. Stearman.

Whitechapel Union Infirmary.—S. J. O'Dowd, A. M. E. Ready.

Woolwich Home for Mothers and Babies.—B. Bendall, M. Taylor.

Woolwich Military Families' Hospital.—A. J. Baldwin, J. Perkins.

PRIVATE TUITION AND INSTITUTIONS.

Nottingham Workhouse Infirmary.—A. F. Harrington.

Paddington Workhouse Infirmary.—D. G. Jones.

Greenwich Union Infirmary.—E. M. Price.

General Lying-in Hospital.—V. K. Brotherton, E. H. Van Caster.

Salvation Army Maternity Hospital.—M. Bryan.

Private Tuition.—L. E. Airey, M. M. J. Archer, S. Aspinall, S. Ball, D. Banwell, M. E. Barrow, E. D. Brice, L. A. Brooks, W. R. Bryant, R. L. Bull, E. A. Burkitt, K. B. Catchpole, M. Crowley, M. I. C. Darknell, E. N. Day, L. I. De Mattos, E. Dennehy, M. Ellerington, M. E. E. Farthing, E. Faulding, S. Ford, E. A. Forrester, C. Gill, A. Harding, B. M. Harris, R. H. Hibbett, R. Hocquard, M. A. Holliday, F. J. Holloway, M. A. Hopkins, F. J. Janes, J. H. Johnson, A. Madeley, L. M. Martin, M. Mathews, S. I. Muir, J. G. A. Norman, E. D. Parsons, S. L. Rhodes, F. S. Sales, M. Simpson, E. N. Smith, M. A. Taylor, E. Washbrook, S. H. Wass, A. M. Wicbkin, A. M. Wilson, L. L. Wilton, T. Wood.

PROVINCES.

Aston Union Workhouse.—E. M. Walsh.

Birkenhead Maternity Hospital.—S. L. Parish.

Birmingham Maternity Hospital.—N. Evans, E. K. Stokes.

Brighton and Hove Hospital for Women.—

M. F. Hill, G. M. Humphrey, F. L. G. Jones, M. K. Mills, I. N. Newbold, B. Passey, E. Phillips, F. E. Wickenden.

Bristol, Eastville Workhouse.—H. E. Morgan.

Bristol, Royal Infirmary.—A. L. Padfield, H. E. Quayle, M. U. Wells.

Chatham Military Families' Hospital.—S. E. Eyes, M. E. M. Stocqueler.

Cheltenham District Nursing Association.—J. A. Avory, G. J. Pullin.

Croydon Union Infirmary.—E. E. Ellis.

Derby Royal Nursing Association.—E. L. Haig.

D.R.N.A. and Stobhill Hospital.—E. Tomlinson.

Devon and Cornwall Training School.—E. A. Maunder, E. Ware.

Devonport Military Families' Hospital.—L. M. Hawker.

Essex County Cottage Nursing Society.—

R. Fairweather, L. A. Fielding, H. J. Hill, M. M. Pelling.

Gloucester District Nursing Society.—H. M. Groom.

Hull Lying-in Charity and Nottingham Workhouse.—H. Rowlands.

- Hull Workhouse.*—M. H. Taylor.
Ipswich Nurses' Home.—M. C. McHugh,
 A. B. Rouse.
Liverpool Maternity Hospital.—E. Thomas.
Manchester, St. Mary's Hospitals.—M. H.
 Garvey, A. Lavcock.
*Mesmonthshire Training Centre and Newport
 Union Infirmary.*—M. A. Grimths.
Norwich Maternity Charity.—V. L. Forrest,
 M. E. Petch.
Nottingham Workhouse Infirmary.—J. E.
 Tomlinson.
Portsmouth Military Families' Hospital.—
 L. M. Carter.
Sheffield, Jessop Hospital.—J. Hughes, R. H.
 Spetch.
Shoncliffe, Helena Hospital.—E. E. Brown.
Walsall Union Workhouse.—G. Beeston.
- SCOTLAND.
Aberdeen Maternity Hospital.—W. M. Skene.
Dundee Maternity Hospital.—A. M. Clinie,
 M. Lowe.
Glasgow Maternity Hospital.—J. Gray, E. M.
 Newel, J. M. Paton, E. Smith, M. A. Templeton.
- IRELAND.
Curragh Military Families' Hospital.—F. Fagan.
Dublin, Rotunda Hospital.—F. E. Collins.
- ABROAD
Bombay, Bai Motilbai Hospital.—R. L. Weston.

DOCTOR'S FEES IN MIDWIVES' CASES.

A special meeting of the Central Midwives' Board was held in camerâ on Tuesday afternoon, when the business on the agenda was the consideration of a letter from the National Health Insurance Commissioners, England, requesting the Board's observations as to the scale of fees which should be adopted with regard to the fees payable to doctors in respect of the Maternity Benefit under Section 18 (1) of the National Health Insurance Act, 1911.

Sir Robert Morant, Chairman of the National Insurance Commission, attended, and conferred with the Board on the question of the fee to be prescribed for payment to a doctor when summoned by the advice of a midwife under the provisions of the National Insurance Act, in relation to the Maternity Benefit.

Section 18 (1) of the Insurance Act provides that "if, in the case of a midwife being selected, a duly qualified medical practitioner is subsequently summoned in pursuance of the rules made under the Midwives Act, 1902, the prescribed fee shall, subject to regulations made by the Insurance Commissioners, be recoverable as part of the maternity benefit." It therefore becomes necessary that these regulations shall be framed by the Commissioners by the 15th inst. The legal effect of the provision is to make the Friendly Society liable for the doctor's fee, even if it has already paid the 30s. to the woman. On the other hand, if the Society keeps the money on hand until it knows its liabilities in respect of the doctor's fee, the mother will not receive the money when she needs it most.

AN OLD FRIEND IN A NEW DRESS.

This year the *Midwives Record and Maternity Nurses Magazine* makes its appearance as a monthly, price 2d., and its white cover gives place to a blue one. It is published by Messrs. Baillière, Tindall & Cox, of 8, Henrietta Street, Covent Garden, London, and is excellently printed and contains many articles which should be of interest to both midwives and maternity nurses.

THE PREVENTION OF INFANT MORTALITY.

An interesting and practical address by Mrs. Annie E. Barnes, on "The Opportunities of the Voluntary Visitor in the Prevention of Infant Mortality," may be obtained from her, at 25, Duppas Hill, Croydon, price 3d. Mrs. Barnes points out that more infants die from immaturity than any other cause, if this term is taken to include prematurity, congenital defects, and wasting diseases; and it is obvious that in the majority of such cases, the cause of death must be sought before and not after the birth of the child; and in very many before, and not merely during the pregnancy of the mother—so that we are at once face to face with that terrible problem, the marriage of the unfit.

To combat this, she considers that the awakening of the national conscience in regard to the three following points, at least, is urgently necessary: 1st, That the young people of all classes should be reverently taught the facts of life—for ignorance or wrongly acquired knowledge are the precursors of self-indulgence and disease; 2nd, that the sense of parental responsibility should be deepened, and the voluntary visitor can sometimes point out carefully and tenderly that it is an awful thing to hand on to another generation a heritage of syphilis, epilepsy, and the like; 3rd, the sense of the privilege of parenthood should be deepened. Again, fresh air and nourishing food are the two paramount necessities for the expectant mother; and it is within the visitor's power to show that without the "brick" of oxygen in the mother's blood, the little "baby-house" cannot be well and truly built; and the mother who has subsisted on bread and tea—or worse still beer—is hardly likely to bring forth a vigorous child.

THE ENDOWMENT OF MOTHERHOOD.

A non-contributory scheme for the endowment of motherhood has recently been adopted by the Municipal Council of Vitry-sur-Sein, for the benefit of necessitous mothers and the parents of large families. It takes no account of one-child families, but upon the birth of a second child the mother can claim a bonus of 25 frs. This is increased with the number of children until a sum of 100 frs. is paid for the sixth and subsequent children. Unmarried mothers are also included in the benefits, 15 frs. monthly being allowed them for a period not exceeding six months.

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EDITORIAL.

NATIONAL EDUCATION.

One of the most important announcements made in recent years on behalf of the Government is the statement of the Lord Chancellor (Lord Haldane) that the next question to have precedence in Parliament will be the question of education, for it is undeniable that the education of all grades compares unfavourably with that in many countries on the continent, both as regards thoroughness, practical usefulness and general culture.

Speaking at the Manchester Reform Club, Lord Haldane said "Another great social problem was now upon them. Hitherto the Liberal party had done nothing publicly for the coming generation, and yet the coming generation was in some respects the most important of all. In what he was going to say he was not speaking casually, or with any light sense of responsibility, but, after consulting with the Prime Minister and the Chancellor of the Exchequer and Mr. Pease, they had decided that this question was the next and the most urgent of the great social problems they had taken up. Of course it was education. The state of education in this country, elementary and secondary, and higher, was chaotic; and his colleagues and he felt that the time had come when a step forward must be taken, and on no small scale. . . . How was it to be done? Education, if it was to be interesting, must be an appeal to the spirit. It must be an endeavour to raise the level intellectually and morally of the coming generation, upon whose superiority the country would depend in the days to come to meet growing competition. It was worth while making a sacrifice to bring about that result. . . . It was a tremendous question which they had before them. It

was a costly question, too, but the expenditure was productive expenditure."

We will only discuss in greater detail the education of nurses, and it is certain that the Bill for their registration, which is primarily an educational Bill, would have received much greater consideration had we, as a nation, been interested in educational problems, and had the Matrons of our hospitals been educationalists, and claimed as Mrs. Hampton Robb (then Miss Hampton) claimed—when offered the position of Superintendent of Nurses of the Johns Hopkins Hospital, Baltimore—the title of Principal of the Training School, in addition, in order to emphasize the educational character of her office.

In truth this is the key to the position of the registration movement and the attitude adopted by its opponents. Committees composed of financiers and philanthropists see no necessity for spending money on nurses' education, and indeed it would be questionable whether they were within their right as almoners of hospital funds to do so were it not that they secure a large amount of cheap labour from pupils in training, on the understanding that, in return, they will receive the education qualifying them to become competent members of the nursing profession. But, too often, the labour secured, the *quid pro quo* given in educational advantages is of the most perfunctory character possible, and in too many cases the Matron acquiesces in this because she is not herself an educationalist and does not appreciate the value and importance of thorough theoretical and technical instruction.

In nearly every State in America in which registration is in force, applicants for admission to the training school are required to produce evidence of high school education. In this country "Can you read

and write well?" is still by no means obsolete, and applicants are required to fill in application forms as evidence that they possess the latter accomplishment! Advertisements of vacant appointments for the post of Matron do not as a rule mention the question of general education, and yet as the position is one requiring educational and social, as well as professional qualifications, approximating to that of head of a college, it is manifest that evidence of their possession is of the utmost importance.

Until the Government finds time to deal with the question of nursing standards, through a State appointed professional body, education throughout the nursing profession will not be appreciably raised. But one thing could be done without waiting for legislation, and that is the establishment of a higher course for future Matrons, and nurses taking up social work. The Matrons' Council in 1903 appealed to the Council of Bedford College (which is affiliated with London University) to establish such a course, and the Council gave careful consideration to the proposal, and intimated their satisfaction that their help had been sought, but action was deferred. Now that the question of an international nurses' memorial to Miss Florence Nightingale is under consideration, and opinion is unanimous that it should materialize in London, the moment is auspicious to reopen the subject. Such a course would attract the brightest intellects in the nursing profession, whose subsequent influence would be most invaluable in the nursing world. No more appropriate memorial could be established to the great educationalist whom it is desired to honour.

MEDICAL MATTERS.

The prize in the Competition on the Control of Tonsillar Haemorrhage was not awarded, as the few papers sent in dealt with this interesting matter in a too superficial manner. It cannot be that trained nurses do not realise the importance of expert knowledge and skill in relation to operations for the removal of tonsils. We blame the busy season for the lack of response to this question.

In the June number of the *Pacific Coast Journal of Nursing* there appeared an admirable

article on this subject by Dr. Henry Horn, of San Francisco, from which we quote for the benefit of our readers:—

THE CONTROL OF TONSILLAR HÆMORRHAGE.

The operation for the removal of tonsils is so common nowadays that practically every nurse is obliged, early in her training, to care for a child who has just undergone a tonsil operation. She is generally ordered by the surgeon to "look out for the bleeding."

That is a very easy order to give, but very seldom do specific directions accompany it. The beginner is therefore at a complete loss to know just how the bleeding will show itself, and exactly what to do when it occurs. Recently in San Francisco there have been several fatal cases of bleeding following tonsil operation, which showed how necessary an immediate recognition of the complication was on the part of the nurse. Too much stress cannot be laid upon this matter. It seems trite and unnecessary to mention it, but there is a feeling in hospitals that a tonsil operation is a minor matter, and the nurses regard the cases as a bother and as not productive of any very important training results to themselves. As a matter of fact, speaking generally, probably no operation in surgery, where operative indications are relatively so unimportant, has been followed by so great an operation and narcosis mortality. This is a terrible state of things, and as every child is as precious to the mother, whether it dies following a tonsil or an appendicitis operation, it behoves the nurse to eliminate any danger from her side as quickly as possible.

In any one of the prominent hospitals in San Francisco, the specialist is always looking for a nurse who has had special training in this subject. As a matter of fact, most of these cases are ward cases, and, as a usual thing, the ward nurse is a beginner or has so much work to attend to that the tonsil cases sometimes receive only the most superficial attention. Now I think that this all should be changed; that every head nurse should make it her duty to see that whoever has the charge of a tonsil case should have specific instructions regarding the care of it.

With the whys and the wherefores of the tonsil operation the nurse has nothing to do. But, after the child leaves the table, its life is put into the hands of the nurse, and every good quality that goes to make up that greatest of modern medical institutions, the trained nurse, may be suddenly called into play. The cool head, the steady hand, and the sense of security

backed up by proper knowledge, is what the doctor looks for and what he has a right to expect.

First, then, remember that the tonsils are two glands, like lymphatics, situated at the sides of the throat and buried between two folds of mucous membrane known as the anterior and posterior pillars. The free surface, which is toward the mouth, shows little openings called follicles; the buried surface is covered with a compact membrane called the capsule. The whole tonsil, after it has been freed from the pillars, can be shelled out from its bed, like a pea from a pod. There are numerous small arteries and veins supplying the tonsil which pierce through the capsule and ramify in the substance of the tonsil. As a usual thing, when the operation is nearly done and the capsule is not torn, there is some hæmorrhage at the time of the operation, but the small blood vessels rapidly contract into the muscular tissue at the back of the tonsil, so that when the patient leaves the table the bleeding has completely ceased, although no vessels have either been tied or ligated. During the operation the patient loses at the most about a teaspoonful of blood, and this is generally swallowed. This amount varies within wide limits, depending on the skill of the operator and the method of doing the operation. If this amount of swallowed blood were all, there would be no difficulty in recognizing a hæmorrhage. In the vast majority of cases, however, immediately at the conclusion of the tonsil part of the operation, the adenoids are removed with a sharp curette or forceps. Following this procedure there is a sudden hæmorrhage which exceeds by tenfold the amount lost by the tonsil operation. The blood is sponged out of the mouth, but, in spite of the utmost care, a considerable amount is swallowed.

If now the patient vomits blood after leaving the table, as he is recovering from the anæsthetic, there are two points to decide: First, does the blood come from the tonsils or from the adenoids? Second, is the child vomiting blood swallowed at the time of the operation or from a fresh hæmorrhage? This is a most important question for the nurse to decide, and experience has taught me that we can be governed by an empirical rule in most cases which will solve the question and still be on the safe side. When the patient vomits the first time after an anæsthetic and the vomitus contains a large quantity of dark blood, the blood has almost invariably been swallowed during the operation, oxidized in the stomach, and so

become dark. At any rate, it is not yet the nurse's duty, under these conditions, either to examine the throat herself or to send for the doctor. It often happens that the first vomiting will be followed by a second one almost equal in quantity and colour. If, however, this occurs a *third time* and the blood becomes a little lighter in colour, it is time to investigate thoroughly, for a hæmorrhage is taking place.

Of course, accompanying this bleeding other signs of hæmorrhage are to be looked for. If the patient is thoroughly awake he will be alarmed, complain of a faint feeling, and a look of anxiety will spread over his face; the lobes of the ears will begin to lose colour, and the whole face and inside of the eyelids will begin to pale. The most characteristic sign is a yellowish colour. The pulse will begin to run up above 100 and weaken in volume, and the patient may complain of feeling chilly. If the patient is a child and has been deeply narcotized, the blood from the bleeding point may all be swallowed while the patient sleeps. The nurse will suddenly find that the little one is pale, has a yellowish colour, and suddenly vomits large quantities of blood.

The first thing to do in all cases is to get the attending physician. Under no consideration whatever delay for his arrival. Call the house physician at once. Never let the attending physician leave without finding out where he can be reached by 'phone at all hours of the day and night. Attention to this matter will save many anxious moments.

Having determined that a hæmorrhage is present, immediately prepare the following instruments: A (1) Extension light; (2) head mirror; (3) small gauze sponges; (4) sponge holding forceps; (5) tongue depressor; (6) long Kelly hemostatic forceps. Unless special solutions have already been ordered, have ready: B (1) Adrenalin solution; (2) peroxide of hydrogen; (3) 10 per cent. nitrate of silver; (4) ice chips. C. Have everything in readiness for an anæsthetic, as the usual custom now is to take the patient back to the operating room, administer an anæsthetic and sew the pillars.

These directions have all been preliminary to the stopping of *severe* hæmorrhage, as yet the nurse has done nothing herself in the way of stopping the bleeding. Before going, however, into these details let us give directions as to what the nurse can do in the lighter cases where she suspects some slight bleeding, but does not feel called upon to make an examination of the inside of the mouth.

The routine which I follow in all cases, whether bleeding is suspected or not, is as fol-

lows: As soon as the nausea permits give the patient ice chips to hold in the mouth. They not only tend to prevent hemorrhage, but allay the thirst and mitigate the pain which follows the operation. If the child is old enough, a gargle of one part peroxide of hydrogen and three parts of ice water repeated every two hours is very valuable. These two things are about all that one can do in a prophylactic way.

If, however, the bleeding is beginning to be at all profuse, if the patient is spitting blood, or if, as before stated, the third vomitus still contains reddish blood, the nurse, if the doctor is not immediately available, should herself examine the throat. Secure an extension light with a reflector, if possible. Hold it above the head, touching your forehead, and with a tongue depressor hold the tongue firmly down. If the child struggles, don't try to fight it out alone, but have the patient firmly held. Do not place the depressor farther back than the middle of the tongue, for you will gag the patient and be unable to see anything. You will now see at the sides of the throat two dark cavities where the tonsils have been removed. One will be dark and dry and the other show the bright blood or the whole cavity filled with clotted blood. If the bleeding is profuse, wrap the middle finger of your left hand for the left tonsil, the middle finger of your right hand for the right tonsil, with two layers of gauze, and sit on the edge of the bed facing the patient. Now insert the gauze-covered finger into the tonsular wound and press with considerable force. If the patient is a child you can exert counter-pressure with the thumb of the same hand. If the patient is an adult you must use the other hand.

At first the patient will gag, but in a few minutes he will become more or less accustomed to the finger, and if the head is bent over to the bleeding side most of the mucus and blood will run out. The finger should be kept in place at least five minutes before the second examination is made, and then, if the bleeding still continues, the finger must be replaced and held in place indefinitely or until the physician in charge arrives. Naturally, the effect of the pressure would be greatly increased if the nurse could place a small pledget of iodoform or plain gauze under her finger, but this is sometimes difficult for a nurse to do alone, and there is some danger that it might slip down into the throat.

This procedure, when properly carried out, will always stop a bleeding, and lucky indeed is the surgeon who has a nurse skilful enough and quick enough to hold his patient for him in

safety until he arrives. A sponge on the end of a long abdominal holder pressed in place is also good, but I have found that for the nurse the first method is always safer.

Severe post-operative bleeding from the adenoid operation is very rare, and always without exception due to an incomplete removal of the growth. There is only one proper treatment, and that is a second and thorough curettment at the hands of the surgeon. Generally speaking, any bleeding from this region will show itself coming from the nose.

In conclusion, it may be well to suggest that the nurse ask the attending physician what special instructions he has in case a hemorrhage should take place, and from which side the bleeding is likely to come. The main point is careful watching for the preliminary symptoms of trouble. One of my friends makes it an invariable rule to have the nurse turn the child on its stomach every fifteen minutes to see if any blood runs from the mouth. This is a good plan and is one that can be highly recommended. Above all keep cool; get the physician as soon as you even suspect trouble.

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NURSES AND THE NATIONAL INSURANCE ACT.

From Wednesday last, the 15th inst., any nurse who has been insured for 26 weeks is entitled to the medical, sanatorium, sickness, and maternity benefit provided under the Insurance Act.

Certain formalities must be conformed to. Members of approved societies should receive from the secretary a pink ticket and Declaring-on-Form. The former must be taken to the doctor selected from the list at the nearest post office, who will supply the requisite medical certificate when a member falls ill. The Declaring-on-Form must then be filled in and forwarded to the secretary of her society, together with her insurance book, her current contribution card, and the doctor's certificate. Sickness benefit is the name given to periodical payments of 7s. 6d. weekly to the insured whilst they are rendered incapable of work by disease or disablement. This begins on the fourth day after the disablement and may be continued for 26 weeks. Disablement benefit is a periodical payment of 5s. weekly so long as disablement lasts, and is made after the term for sickness benefit has run out. It does not, however, begin until the insured person has been in insurance 104 weeks and has paid 104 weekly contributions.

OUR PRIZE COMPETITION.

DESCRIBE THE MOST UNUSUAL AND INTERESTING OBSTETRICAL CASE YOU HAVE NURSED.

We have pleasure in awarding the prize this week to Miss B. Robinson, Lozell's Road, Birmingham, for her paper on the above subject.

PRIZE PAPER.

I was called to a primipara at 3 a.m. one morning. The labour was uneventful, and there was nothing to cause anxiety until 15 minutes after delivery, when the patient suddenly became convulsed. Medical assistance was at once summoned, and the doctor arrived within 15 minutes. Bromide and chloral were administered by mouth, and as the convulsions continued about every five-and-twenty minutes, cupping was tried. The urine, on being tested, was found to be solid with albumen.

Both nourishment and drugs were given by rectum, as the patient was unable to swallow. A second doctor was called in in consultation, and everything possible was done to abate the symptoms, but the patient remained unconscious, the convulsions occurring fairly regularly about every 30 to 40 minutes, and the gravest apprehension were entertained for her life. Twenty-three convulsions occurred in all.

They ceased after the third day, but it was not until the tenth that consciousness returned. When it did the patient appeared to take up her life from the time preceding the first convulsion, and was evidently unaware that anything untoward had occurred. She was delighted with her baby, which was a weakly child, but was still living when the case was given up. As soon as she could be moved with safety the patient was sent to a hospital under the care of the doctor who was called in in consultation at the beginning of her illness. She made a good recovery, and after spending some weeks in a convalescent home, returned in apparently good health, and with the satisfactory feature that the urine was quite free from albumen.

This case of eclampsia was a most alarming one, as the onset of the convulsions was absolutely sudden and unexpected, and they were most severe, and the patient's condition most critical. Certainly it afforded a strong plea for the higher education of midwives, for in such cases three months' training is quite insufficient to give the knowledge, the assurance, and the power of skilled observation necessary. Yet any midwife may be confronted quite unexpectedly with a case of the kind when far from medical assistance, and have to act promptly in emergency.

HONOURABLE MENTION.

Miss B. James, Miss Mackenzie, Miss O'Brien, Miss P. Thompson.

QUESTION FOR NEXT WEEK.

What are the principal requisites in the care of rachitic children?

THE MATRONS' COUNCIL.

The Quarterly Meeting of the Matrons' Council will be held on Friday, January 31st, at the Offices, 431, Oxford Street, London, W. Miss M. Heather Bigg, President, will be in the chair.

The Business Meeting is called for 3.30 p.m. Tea will be at 4.30, and at 5.15 Dr. Helen Boyle will give an address on Mental Nursing. It is hoped that as many members as possible will attend, as the address will certainly be very instructive.

Matrons wishing to join the Council should obtain an Application Form from Miss M. Mollett, Hon. Secretary, from 431, Oxford Street, London, W. The annual subscription is 5s.

PENSIONS THE ONLY REMEDY.

We regret to see Queen's Nurses held up *in forma pauperis* by the unprofessional foreign editor of Macmillan's pseudo-nursing paper. Surely some other form of advertisement for this publication could be found which would not hurt the susceptibilities of a very honourable body of trained nurses.

We cannot believe that the Queen Victoria's Jubilee Institute can approve of this method of reflecting upon their management. No Queen's Nurse should be in want. That is a reflection upon the memory of the late royal Founder of the Institute, and we hope that the Council will enquire into this matter, and take steps to protect Queen's Nurses from such undesirable publicity and patronage.

We claim that the Queen's Nurses should be paid a salary from which they can save, and, further, that a Pension Scheme in connection with the Institute should be organized.

We cannot believe that the Queen's Nurses are in such extremity that the "benevolence" of the unprofessional nursing press, for which they are, of course, to pay themselves, must be resorted to for their salvation. Let the Queen's Superintendents urge the just demand for pensions upon the Council of the Institute.

A HISTORY OF NURSING.*

The third and fourth volumes of *A History of Nursing*, edited by Miss Lavinia L. Dock, R.N., which have been eagerly awaited, have now been published, and it is with feelings of reverence, admiration, and pride that we review them in these pages—reverence for the masterly grip exhibited by the author of the modern nursing movement in all parts of the world, admiration for the skill with which it has been presented to us, and pride that these epoch-making volumes are the work of a member of the profession whose honour we hold dear, and to many of whose members we are bound by the closest ties of friendship and affection.

The nursing profession is accustomed to Miss Dock's lavish generosity, and we are apt to take a good deal for granted, but we must not in the present instance allow to pass unnoticed her noble gift to the International Council of Nurses, to which no allusion is made in the volumes. Not only has she undertaken the Herculean work of compiling them, but with both hands full, in her own inimitable way, she has presented them complete and fair and with the most delightful illustrations, gathered from all four corners of the globe, to the International Council of Nurses, so that, in her own words, in a letter to this Journal, "All royalties from their sale will go to aid that Treasury . . . we should in time have a very fair income . . . which would enable us to maintain a paid secretary and to carry on international work more regularly and effectively than we can do now, when all such work is volunteer, unpaid labour."

The International Council will be pleased to receive the royalties, no doubt, but whatever paid secretary it may have in the future, the woman is not to be found who could replace our dear Hon. Secretary, Miss Dock.

Miss Dock explains in her preface that "the construction of the final volumes of the History has proceeded on somewhat different lines from those followed in the first and second volumes. The collaboration of Miss Nutting has not been possible in finishing the task, because of the demands on her work as head of the Department of Nursing and Health at Teachers' College. She has, however, with unabated interest, given help and advice in ways open to her, which we gratefully acknowledge. The editor, therefore, in undertaking an account of the modern nursing movement, has sought, and

received in abundant measure, the assistance of nurses in all those countries here dealt with. That it has been possible to do this, so easily and directly, as was the case, to meet with instant and ready response and unflinching co-operation, is one of the fine fruits of international friendship and comradeship grown from the International Council of Nurses, conceived and founded in London in 1899 by Mrs. Bedford Fenwick, whose fertile genius for organization has been felt as a stimulus among nurses of almost every country of the world where modern skilled nursing has come into being. . . .

"In general, the plan followed in the selection of material (provided by the collaborators) has been to give as much fulness as possible to beginnings, and to those aspects of our subject which cannot easily be read of elsewhere. There are important aspects of modern nursing which may seem to have been slighted here, such as visiting nursing and tuberculosis work, but they have histories or records of their own. . . . The advance in self-governing organization, on the other hand, with its plea for State Registration, may be thought to have an undue share of space, but this movement is new and of great significance, resulting from the incessant efforts of women who have had no time to write down the history they have made and are busy making. . . .

"The editor assumes full responsibility for the interpretation or colour of the narrative, and for personal touches. As to the former, however, she believes that her point of view coincides with that generally held by the groups of leaders or 'progressives' in the various countries."

The only flaw in the volumes is that they contain no record of Miss Dock's marvellous share in history-making, nor is her portrait to be found within its covers. But, indeed, if justice is to be done her, she needs a volume all to herself. Next week we shall begin our review of the History in detail. M. B.

WORTHY OF THEIR HIRE.

We are glad to observe in the official report of the meeting of the Advisory Committees under the National Insurance Act, held on Thursday, January 2nd, that the Chancellor of the Exchequer referred in sympathetic terms to the work of trained nurses, and further said that they would confer with the body which represents the nurses before they came to any conclusion about the salaries which were to be paid. We consider that £2 10s. a week should be the minimum salary offered to the well-trained women who should be employed.

* G. P. Putnam's Sons, 24, Bedford Street, Strand, London, W.; price, £1 18. net.

A PROTEST MEETING.

A Meeting of Members of the Society for State Registration of Nurses has been summoned for Thursday, January 23rd, to be held at the Offices, 431, Oxford Street, London, W., to consider a Resolution of Protest against the action of Miss Annie McIntosh, Matron of St. Bartholomew's Hospital, in denying freedom of conscience and speech to the Nursing Staff at that hospital, on their own professional affairs in relation to State Registration. When it is realised that the Select Committee on Registration of the House of Commons has unanimously recommended that Trained Nurses should be registered by the State, and that a Bill supported by the Government has passed through all its stages in the House of Lords without a division at any stage, the arbitrary and untenable position assumed by the Matron of St. Bartholomew's Hospital towards this question of national importance, cannot be permitted to pass without emphatic condemnation and wide publicity. It amounts to the claim that legislation of the utmost importance to every trained nurse, and nurse in training, may be initiated, discussed, and passed into law without bodies of nurses—themselves vitally affected by such legislation—being permitted to consider the Bill or express an opinion upon it!

We deny that any hospital Committee, or Board of Guardians, or their senior nursing or medical officers have the right to refuse to their nursing staff such liberty of conscience and action.

We go further, and claim that it is the duty of every Superintendent of a Training School for Nurses to carefully acquaint herself with every clause of the Nurses' Registration Bill, and, moreover, to see that such proposed legislation is brought to the notice of the nursing staff, and explained to them, so that they can take an intelligent interest in a Bill which affects their work, professional education, economic condition, and status. Any other attitude on the part of a Committee, or Matron, is to be strongly condemned, and to prohibit conscientious consideration of the Bill by nurses is an act of tyranny which every nurse in the kingdom should oppose, whether she approves of State Registration or not.

THE SINEWS OF WAR.

The Editor of this Journal is prepared to fight this question with the utmost pertinacity and publicity in support of the just rights of the nursing profession. This, however, cannot be effectively done without financial support.

She therefore appeals for subscriptions, so that the very widest publicity possible may be given to the Resolution of Protest to be proposed on January 23rd. The constituent hospitals of the Central Hospital Council for London, have, in the past, fought the nurses with charitable funds, and will probably do so again. Many of the big London daily papers, for commercial reasons, are also closed to the just appeal of the nursing profession on the question of State Registration. We must depend upon our own efforts. We have conviction, courage, and tenacity of purpose; our cause is righteous; every penny subscribed will, through voluntary effort, be made to do the work of two, and to prevent any personal persecution, the subscriptions will not be announced in this Journal, but will be received privately as gifts to the Society for State Registration of Nurses. The more money, the more effective the Protest can be made. We want to send it far and wide. Please address the Hon. Secretary, Society for the State Registration of Nurses, 431, Oxford Street, London, W., and don't forget that 1s. will carry 24 communications throughout the kingdom. We hope old Bart.'s nurses will rally to this appeal. We know from their letters how indignant many of them are.

It is, of course, superfluous to report that the quack nursing press supports the anti-Registration Ukase at Bart.'s. It was ever thus.

THE REGISTERED NURSES' SOCIETY.

At a meeting of the Committee of the above Society, held at the offices on Wednesday, the 8th inst., four Sisters who had fulfilled their probationary term were elected on to the staff, and fifteen new candidates were elected on probation. The resignations of the following Sisters were reported, and received with regret:—Sister G. Dorran, now in Victoria, Vancouver Island, where she will continue professional work; Sister M. Duesbury, appointed Sister of the X-ray Department, General Hospital, Birmingham; Sister E. Spencer, to an appointment at Nairobi, British East Africa; and Sister E. M. Mallinson, to home duties.

IRISH MATRONS' ASSOCIATION.

At a meeting of the Irish Matrons' Association held in Dublin on January 11th, Miss Joy, Matron of the Coombe Lying-in Hospital, was elected President; Miss Burkitt, Matron Mercers Hospital, Treasurer; and Miss Reeves, Hon. Secretary, for 1913.

LEGAL MATTERS.

GUILTY OF THEFT.

At the London Sessions last week Margaret Norwood and Bessie Gill, previously employed as nurses, appeared in the dock in nursing uniform, and pleaded "guilty" to stealing fourteen blouses and other articles from Messrs. Selfridge's establishment in Oxford Street, W. When searched at the police station the stolen goods were found concealed under their nurses' costumes.

Mr. Robert Wallace, K.C., before whom they appeared, believing that they would strive to redeem their characters, bound them over. The offences appear to have been most deliberate, and we consider that the culprits showed a callous disregard for the profession they have disgraced by appearing in the dock in its honourable uniform.

CASE OF ALLEGED THEFTS.

Ada Gertrude Missenden, a mental nurse, who, after being bound over at the Sussex Quarter Sessions, Lewes, on charges of stealing a number of dresses and furs from houses at Crowborough, where she had been engaged and afterwards re-arrested on other charges, was brought up on remand before Mr. Paul Taylor, at Marylebone, last week, charged with stealing furs to the value of £11 from a residential home for nurses in Norfolk Square, W., the property of a nurse; and two further charges one of stealing and receiving jewellery to the value of £50 from a locked trunk belonging to Miss Mary Ann Clark, then of the same address, nearly all of which Miss Clark stated had been given to her as presents, and a silver watch, valued at 41 10s., which had since been recovered, the property of Miss Bisson. The magistrate said he really was very sorry indeed for the loss of the things. It was really a very wicked case.

He further asked whether there was any way of letting the nursing homes know about such a person and Sergeant Parsons replied that the facts were published in the *NURSING JOURNAL*, to which the magistrate replied: "I am very glad because a person like this is a danger in any nursing home." The accused, who pleaded that she remembered nothing whatever about it, was committed for trial to the London Sessions.

AN EXTRAORDINARY CASE.

The death of a lady, stated to be a nurse, in a Dublin hospital, has led to the solution of a sensational outrage in Bath in September, when Miss Edith Wheelwright, a well-known resident, was attacked in the street, chloroformed and robbed of a ring. The public were unaware that the culprit had been traced, but it now appears that there were suspicions of her identity at the time, which were verified owing to the employment of a lady detective, with the result that a full confession was made by the offender in a signed affidavit in which she stated that she merely meant to frighten Miss Wheelwright. Owing to her

state of health no proceedings were instituted and the culprit, who had been connected with a series of libellous persecutions of some well-known residents in Bath, was received into a Dublin hospital and died there on December 23rd. Before her death she wrote to Miss Wheelwright thanking her for her clemency.

APPOINTMENTS.

MATRON.

St. Mark's Hospital, City Road, E.C.—Miss Edyth Hardwicke has been appointed Matron. She was trained for three years and certificated in children's work at the Evelina Hospital, Southwark Bridge Road, S.E., and received her three years' general training at the General Hospital, Birmingham. She has also been Sister-in-Charge at St. Monica's Home, Brondesbury, and has done Matron's duties at the Cottage Hospital, Willesden. She has had experience of private nursing, and holds the certificate of the Incorporated Society of Trained Masseuses.

Yardley Road Sanatorium, Birmingham.—Miss Mildred Moore has been appointed Matron. She was trained at St. Bartholomew's Hospital, London, and has held the positions of Sister at the General Hospital, Birmingham, Matron of a private Surgical Hospital in the same city, and for the last four years that of Matron of the Royal Orthopædic and Spinal Hospital, Birmingham.

NURSE-MATRON.

Isolation Hospital, Ospringe, near Faversham.—Miss Kate Langston has been appointed Nurse-Matron. She was trained at West Didsbury Infirmary, Manchester; and in fever nursing at the City Hospital, Birmingham; and has subsequently held the positions of Staff-Nurse at Liverpool City Hospital; Sister at Wallasey Fever Hospital; at Winchmore Hill Isolation Hospital; and at the Sanitary Hospital, Freemantle, Bournemouth.

SCHOOL NURSE.

Borough of Gillingham, Kent.—Miss Ethel M. Bradford has been appointed School Nurse. She was trained at the Hope Hospital, Pendleton, near Manchester, and has been School Nurse under the Manchester Education Committee for over three years, and Health Visitor and School Nurse under the Wakenfeld Corporation for the last six months.

HEALTH VISITOR.

Miss Nora O'Brian has been appointed Health Visitor for the Borough of New Windsor. She has been a voluntary Health Visitor and School Nurse at Cardiff.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following lady nurses have been permitted to resign the service:—Nursing Sister Miss Annie Dudley Strover, Nursing Sister Miss Winifred Oke Cleave (November 7th, 1912).

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

SUPERINTENDENT.

Miss Alma Murphy is appointed Superintendent, Worcester City and County. She received general training at Eastville Infirmary, Bristol, midwifery and district nursing at Plaistow, and has since held the following appointments: Queen's Nurse, Plaistow, Superintendent, Branch Home, Plaistow, Assistant County Superintendent, Worcester. The valuable experience gained by Miss Murphy by her work in the City and County of Worcester will enable her to carry on the work.

TRANSFERS AND APPOINTMENTS.

Miss Martha Means is appointed Assistant County Superintendent, Cumberland; Miss Isabel Eacott, to Cumberland as Health Lecturer; Miss Eliza Fletcher, to Worcester as Tuberculosis Nurse; Miss Edith Heaton, to Haydock; Miss Lillian Terry, to Crosthwaite.

THE PASSING BELL.

Many former Bart's Nurses will learn with regret of the death of Mrs. Rachel Jones (for many years Sister Rahere at St. Bartholomew's Hospital). She belonged to the old school, to whom nurses in the eighties owed much for their practical nursing knowledge and shrewd common sense, and was much respected by those who worked under her.

We greatly regret to record the death from enteric fever of Miss Gladys Barnes, one of the nurses sent through the British Red Cross Society, at the request of the Crown Princess of Greece (the Duchess of Sparta) to Athens, on November 1st. Widespread sympathy will be felt with her relatives, and with her colleagues at the front.

The *Times* correspondent states that Miss Barnes was buried on January 13th with military honours, the guard being furnished by the Greek troops, and the coffin being borne on a gun carriage drawn by bluejackets. One of the Naval Chaplains officiated. A notable gathering included the King and Queen of the Hellenes, Prince Andrew, and Princess Alice. Miss Barnes, during her illness, was attended by the physician of the Crown Princess of Greece.

AN INTERESTING MEMORIAL.

Miss Florence Nightingale's imperishable work is to be commemorated in Winchester Cathedral by a marble tablet from funds raised by the Archdeacon of Winchester. Embley House, near Romsey, where much of Miss Nightingale's youth was passed, is in the County of Hampshire, and therefore presumably in the diocese of Winchester. Other notable women commemorated in the Cathedral in the same way are Miss Jane Austen and Miss Charlotte Yonge, and one of its buttresses is a memorial of a woman still living, Mrs. Sumner, whose name will always be associated with the Mothers' Union.

NURSING ECHOES.

The majority of hospital managers care nothing for nursing education—like Topsy "they 'spects it grows"—but they do appreciate and demand a knowledge of domestic management. There we agree with them, but, like the proverbial Scot, "we want baith."

The difficulty for the average nurse is to get a chance of practical experience in hospital housekeeping, and the more openings made for them the better. We hear, therefore, with pleasure that arrangements have been made by Miss Robertson, the very capable Matron of Lord Mayor Treloar's Cripples' Hospital and College at Alton, to take a Pupil Housekeeper for three months' experience—from March 1st next—so that four nurses can take this valuable course in a year. The training is most practical, and embraces all branches of administrative work, including the management of a steam laundry. The training is given in return for service, and laundry is provided. Miss Robertson will be pleased to give full particulars to intending applicants, of whom, no doubt, there will be plenty.

We welcome Mrs. St. Clair Stobart and the 16 members of the Women's Sick and Wounded Convoy Corps home again from their work for the sick and wounded at Lozengrad (Kirk Kilisse). They arrived in London all safe and sound last Saturday, and seem to have acquitted themselves to the very best of their ability. As the only women's mission sent out from England, the Corps is to be warmly congratulated that they "got there." Warmly welcomed by the Queen of Bulgaria, the expenses of the expedition have been borne by the Balkan War Relief Fund Committee, and during its stay at Lozengrad the Corps was maintained by the Bulgarian Government as a part of the Bulgarian Army.

Mrs. Stobart reports that in its improvised hospital 729 cases, many of them terribly shattered, have been treated during the seven weeks spent at the front, and she adds that "immediately we began our work we found that any doubts that might have been felt as regards the value of women's work in war hospitals had completely vanished. There is no doubt of the appreciation of our labours. When the time came for us to leave we mentioned to some of the more seriously wounded men that we were going away, and they begged us to remain. We told them that they were to be removed to another hospital, where they would get the same kind of treatment, to which one replied: 'But we shall be cared for there by men, by

fathers. We have been tended by women, by mothers. And there is a great difference !”

It is a pity the undeniable success and splendid work of the International Council of Nurses, founded in England, cannot be generously recognized at home as it is abroad. We note that *Nursing Notes* attempts to depreciate its status in its annual review. We learn “it is not very representative of English Nursing.” Anyway, it is representative of all that is best in the nursing profession. The courageous, public-spirited women who for years have placed the quality of their work and the status of their profession before expediency

boggart upon which any crow can perch serenely and unafraid. The live nurse of to-day has no longer any use for the bogey stuffed with straw. She wants, and will have, the real thing.

We are glad to be able to present to our readers a picture of the Scuola Infermiere Principessa Jolanda connected with a private medical and surgical hospital, which was opened in Milan last June. The School is under the patronage of Queen Elena, and its organization is largely due to Mme. Rita Perez, who was interested, before her marriage, in a nursing school in Rome, and subse-



and self-interest. “English Nursing” in high places, with its suppression of professional aspirations, its lack of educational and ethical standards, its highly paid “bosses” and sweated rank and file, is deprecated far and wide by the leaders of Nursing outside this reactionary little island. “English Nursing” in the sense approved by *Nursing Notes* is becoming a negligible quantity where the efficiently educated, highly skilled, registered nurses of the world are concerned. “English Nursing” devoid of legal status must rouse itself, and shake itself free of cowardice and apathy, and, inspired with generous public spirit, step out and keep pace with the standards of leaders *who lead*, at home and abroad. “English Nursing,” exploited by the financier and governed by social influence, is a tattered

quently in initiating a similar school in Pavia, where her husband is Professor of Surgical Pathology at the University. Professor and Mme. Perez realize the difficulty of organizing a nursing school on modern lines in hospitals still in the hands of nuns, and this led them to determine to inaugurate a small hospital of 40 beds, with a training school attached, on the English system, under the supervision of English sisters. The probationers will remain there for two years, and in their third year will pass on to a number of reformed wards in the civil hospital, the administration of which is separate from the rest of the hospital, as she holds that only in this way is it possible to demonstrate the immense benefit for the patient, the doctor, and the hospital of the work of trained nurses.

Shortly after the death of King Edward the suggestion was made that the nurses of the country should pay a fitting tribute to a monarch who recognised in many ways the great and beneficent work accomplished by the profession. The proposal soon took definite shape, and a sum of £9,000 was raised by the nurses and their friends with the object of establishing homes for nurses as a memorial to the late King. These homes, it was proposed, should not in any sense be charitable institutions, but should be residences where nurses, who had a small private income, and who were too old to follow their professional duties actively, could live under the most comfortable circumstances compatible with their means. The £9,000 raised was placed in the hands of a committee in London. On this committee Scotland is represented by Miss Gill, Lady Superintendent of the Edinburgh Royal Infirmary. Already a commencement has been made with the establishment of these homes, one having been founded at Clapham, where accommodation is provided for twenty-one nurses. It was then considered that what was required in London was also necessary in Scotland, where some hundreds of nurses are scattered throughout the principal cities. The London Committee have set aside £3,000 to establish such a home north of the Tweed.

A Scottish Committee took the scheme in hand. The Hon. Lord Ormidale was appointed chairman of the Committee, on which infirmaries and hospitals are represented by Miss Gill, Miss Milligan, Chalmers' Hospital, Edinburgh; Miss Melrose, Royal Infirmary, Glasgow; Miss Gregory Smith, Western Infirmary; and Miss Campbell, Victoria Infirmary. Among those who have consented to act as members of the Committee are Lady Arrol, Mrs. George Kerr, Mrs. Alexander Maitland, Sir J. O. Affleck, Sir Matthew Arthur, and Mr. James Clark, K.C., C.B. It is felt by the Committee that there should be one home in the East of Scotland and another home in the West, but that £3,000 will not be sufficient to meet the expenses of the establishment of these institutions, which will be self-supporting. It is considered not improbable that an appeal will have to be issued for funds to enable the Committee to carry out the proposed plans. The sites of the homes have not yet been definitely decided upon, but it is thought that the home in the East of Scotland will be somewhere in the neighbourhood of Edinburgh. To make these homes really popular as few rules as possible should be enforced.

REFLECTIONS

◊ FROM A BOARD ROOM MIRROR.

The "At Home," given by the Nursing and Resident Staff at Charing Cross Hospital, is always one of the pleasantest of the Christmas entertainments; and that on Wednesday, January 8th, was, if possible, more delightful than those which have gone before. Miss Heather-Bigg, the Matron, is an ideal hostess; for the concert, given in the Great Hall, Dr. W. J. Fenton and Mr. B. A. Lloyd (the hon. secretaries) had secured the assistance of many popular favourites in the theatrical world—several artistes from the Coliseum (by kind permission of Mr. Oswald Stoll), giving most willing assistance; and surely the sooner Charing Cross Hospital takes pupils in domestic economy, and lets them into the secrets of its house-keeping department, the better for the nursing world at large—for, in the arrangement of its buffet, the daintiness of its appointments, the quality and the service of its tea and coffee (as hot as if made freshly for each person), the freshness of its sandwiches, and the delectability of its cakes, it always excels.

Of the entertainment where each item was so excellent, it seems almost invidious to single out any for special mention, but the audience were delighted with the songs and patter of Mr. Charles Collette (which, indeed, were exceptionally clever), and Baby Esme Holderness (the youngest classical dancer in the world) charmed everyone, as she flitted lightly over the stage. With a programme so full of good things, although beginning at 7.30 and extending to over 10 o'clock, "God Save the King" sounded all too soon. Then came pleasant social intercourse in the apple-blossom decorated tea-room; and at last reluctant good-byes. It should be noted that the apple-blossom is another proof of the clever fingers at work in the hospital.

The Entertainment given by the Matron and Nursing Staff of Fulham Infirmary on January 9th and 10th was a most delightful and successful affair. On Thursday evening the performance was given especially for the patients, and, by the kind permission of the Medical Superintendent one ward was placed at the disposal of the performers, with a very good stage. There was abundance of room for every patient who was able to be present. On Friday evening the Nurses invited their friends and any former member of the Medical or Nursing Staff able to accept the general invitation given by the Matron received a very warm reception. About 200 guests were present.

The scenery in the first part of the programme represented Switzerland in Spring, and the place a tiny village nestling at the foot of the Matterhorn. The chorus songs, sung by twelve nurses, were beautifully rendered, the dresses of the performers adding greatly to the beauty of the scenery. "The Glow Worm," sung by Nurse

Paul, was very much applauded, tiny electric flashes being used to represent the glow worms, one of which shone in Nurse's hair. The second part of the programme represented Switzerland in Winter. The stage, which a little while before had been one mass of flowers, now represented Winter in all its severity, snow, frost and icicles hanging from the chalets. Nurses in thick white and red coats, woollen bonnets, gaiters and gloves, carrying skis and skates, completed a very charming spectacle.

"The Wee Traveller," sung by Nurse Kyle, caused much amusement, Nurse convincing her audience that it only required a month of travel to "broaden a lassie's mind," and also to have "a richt guid time." "Snow," sung by Nurse Comerford, was very daintily rendered, snow falling heavily at the back of the stage as the last verse was being sung. An Irish play, entitled "A Magic Stone," by three Irish nurses—Nurses O'Riordan, Burke and Ryan—caused roars of laughter, while the "Miracle Play," by Sister Mason, Nurses Hayes and Hogan showed a great display of talent. Nurse Mills' recitation, "Her First Cigarette," caused great amusement. Two dances, a gavotte and minuet, arranged by Miss Heather Nepean, were exquisitely danced by six nurses, the costumes being in the period of Charles I., including wigs and patches. At various intervals during the evening Dr. Swindells sang several comic songs to the great delight of the audience. Great praise is due to the Medical Superintendent, Dr. Parsons, and the Matron, Miss Ballantyne, for their untiring efforts to make the whole thing a great success. The heavy work of accompanist, both at the rehearsals and at the performances was undertaken by Nurse Boileau. Nurse Hayes very kindly cut out, fitted, and made up the costumes and wigs. The singing of "God Save the King" brought a very pleasant evening to a close. Light refreshments were provided for the visitors.

EFFECT OF NATURAL WATERS ON DISINFECTANTS.

A practical consideration of the greatest importance to users of disinfectants is the influence which natural waters have upon the disinfecting power of various germicides. The water available for use with disinfectants is more often than not hard, more or less saline or polluted; less often a soft potable water, and very rarely distilled water. Under the title of "The Influence of Natural Waters on Disinfectants," Mr. M. Wynter Blyth, B.A., B.Sc., recently discussed this subject in a medical contemporary, and he describes certain experiments which proved that some disinfectants which are widely used are thrown out of emulsion, and their disinfecting power destroyed by salt, by lime salt, by urine, by sea water, by natural waters high in chlorine, and by natural hard waters. On the other hand, he shows that an albuminous disinfectant such as Izal mixes and

maintains its disinfecting power well with natural waters, and is not thrown out of emulsion by salt, or by lime salts.

ALLMAN'S ANATOMICAL MODELS.

We have pleasure in directing attention to an admirable booklet by Mr. Percival P. Cole, F.R.C.S. (Eng.), entitled "The Sexual Organs and the Pregnant State," which is published by Messrs. Allman & Sons, Ltd., 67, New Oxford Street, London, W.C., whose beautiful Anatomical Models and Manikins are so much appreciated by nurses. The booklet under consideration includes an admirable coloured plate, which, in movable manikin form, shows the skeleton from the front, the vascular system, the nervous system, the muscular system, viscera, and pregnant uterus, and the internal organs. The text is fully descriptive, and the chapters on pregnancy and the development and nutrition of the fœtus are most useful. Training schools would find the booklet most valuable for pupil midwives. The price is 3s. 6d.

THE NURSING OF PULMONARY TUBERCULOSIS.

The Post-Graduate Course of twelve Lectures for Trained Nurses at the Royal Hospital for Diseases of the Chest, which has established a Training School in the Nursing of Pulmonary Tuberculosis, began on Tuesday last.

The following is the syllabus of the Lectures:—

January.

- 14th.—Anatomy and Physiology of Lungs and Air Passages. Dr. Phear.
- 17th.—Micro-Organisms, including Tubercle Bacilli. Dr. Ridge.
- 21st.—How Micro-Organisms Produce Disease and the Symptoms of Disease. Dr. Ridge.
- 24th.—Pulmonary Tuberculosis, historical and general survey. Dr. S. Thompson.
- 28th.—The Channels of Infection in Pulmonary Tuberculosis. Dr. Murray Leslie.
- 31st.—The Course and Clinical Character of Pulmonary Tuberculosis. Dr. Calvert.

February.

- 4th.—The Prevention of Pulmonary Tuberculosis. Dr. B. King.
- 7th.—The Curability and Mortality of Pulmonary Tuberculosis. Dr. Kitch.
- 11th.—The General Treatment of Pulmonary Tuberculosis. Dr. Drysdale.
- 14th.—The Sanatorium Treatment of Pulmonary Tuberculosis. Dr. Davies.
- 18th.—The Nursing of Pulmonary Tuberculosis, including Technique of Preparation for Tuberculin Treatment. Dr. Murray Leslie.
- 21st.—The Tuberculosis Dispensary, including Domestic Hygiene and Sanitation. Dr. B. King.

Lectures are given in the New Lecture Hall of the Hospital at 8 p.m.

RELIEF WORK IN ASIA MINOR BY THE BRITISH RED CRESCENT SOCIETY.

Now that there is an armistice with every hope of peace, and the existing hospitals are sufficient to deal with the remainder of the wounded, every one of whom is receiving care and treatment, the attention of the British Red Crescent Society is being turned to the serious problem of relief for the thousands of refugees who are scattered about the country homeless and starving.

Much temporary help has been given by the staff at Scutari, outside the city walls of Constantinople, and in the various surrounding villages, wherever the refugees have camped or are passing through.

But besides this temporary help, it is proposed to give permanent relief by building villages, giving ground, cattle, seeds and implements, as well as starting industries. In fact, to establish these poor wanderers in homes of their own in surroundings best calculated to give them a fresh start in life.

For this purpose the British Red Crescent Society have formed a central local committee in Constantinople to work under the Committee in London, whose object it is to administer permanent relief in the various centres where it seems most needed. The questions of land, amount, situation, soil, water, drainage, roads, railway, industries, size of villages, &c., are discussed by this committee, members of which make personal investigation of each place, report, and give temporary relief *en route*.

Damad Ferid Pasha has kindly consented to be President, and the other members are:—Ferid Pasha (ex Grand Vizier), Sherifa Bey, Sir Edwin Pears, Lieut.-General Vnicombe Pasha, Colonel Surtees, C.B., M.V.O., D.S.O., Sister Wheatley (ex-officio).

The two latter have been to Broussa, and a detailed account of our visit may interest you, as it is very typical of such undertakings in Turkey.

We embarked in a small Turkish steamer, the *Bushliujik*, for Macedonia *en route* for Broussa at 8.15 a.m., the scheduled time for leaving being 9 a.m., but barge after barge of grain and sugar came alongside until 2 p.m., and it was not till 2.30 that we weighed anchor and started on our journey. But not direct. The crossing to Mondania takes three to four hours, and we might have expected to reach Broussa some time in the evening, but, alas for our hopes! the Captain informed us we had to go into quarantine at a place called Monastir, near the Black Sea entrance to the Bosphorus, and which we reached by 4 p.m. in drizzling rain. The doctor refused to come on board till the morning, and we had to make up our minds to a night of discomfort in a boat crowded with refugees, their oxen, donkeys, dogs, furniture, and wagons. At 10 a.m. the following day, after hours of unpleasant rolling,

the doctor sent us his blessing in the form of some papers and a little disinfectant, and with that we were allowed to proceed on our way.

I made a frantic effort to wash, but it ended in the water pouring over my hands as the basin had a hole in the bottom and no plug. Seventy-four hours late, we steamed down the Bosphorus, the beauties of which cannot for want of space be here described.

Through the captain we found out and relieved the poorest of the Muhadjler who were proceeding they knew not where, in a sort of blind panic.

At Mondania we caught the train, which was comfortable, with no incident except an amusing late arrival who leapt on as the train started, leaving a porter with various parcels and a small dog wound round his legs running alongside. All were somehow hurled in after him, and the poor little dog slept peacefully under my rug to Broussa.

It was getting so late, and darkness comes on so quickly that beyond a glimpse of incomparable olive groves, vineyards and fertile valleys, the magnificent scenery through which the line passes was lost to us, and it was not till the next morning that I saw Mount Olympus with snow on even the lower slopes.

There are two hotels in Broussa, one kept by an Armenian on the side of the mountain and some way out, very cold at this time of year, and another in the town which we preferred, but which was very dirty and over-heated. Surface cleanliness prevailed, but when in searching for a lost stud I moved the chest of drawers, behold, the dust of centuries was revealed.

The British Vice-Consul called during the morning, and with him we visited some of the Muhadjler whom we found huddled together on bare boards without mattresses or covers, with no fires, very scantily clothed, and almost starving. Shelter of a kind had been procured for them in every available empty house, of which there are always plenty in this country in a more or less ruinous state. The Government were giving them 2½d. a day per head for bread, but in the face of the bitter weather the dire need of these poor people cannot be overstated.

We decided on the behalf of our Society to spend between £200 and £300 in charcoal and wood and food, besides sending bales of clothing, all of which were to be administered to the most deserving cases from a portion of the Consular premises.

We enquired about land and industries. Of the former there was plenty for sale, but dear, except in the most unget-at-able places. There is a strange law in Turkey that permits a man to claim a piece of waste land if when he stands on it and calls aloud a person in the nearest occupied village or demesne is unable to hear him. That is to say, if no other habitation is within range of a loud halloo.

Needless to say, for our purpose this is not practical. We need to establish the village near

a railway, so that produce can be easily marketed, and on good roads near wood and water.

There is very rich land round Broussa, and no doubt by the time building should be begun we shall have definitely decided on a good site and some sound and profitable employment.

The women wear black ragged coats which they put over their heads, and endeavour to cover their faces whilst speaking to you. Underneath they have only a long pair of coloured cotton trousers and a cotton jacket, all more or less in holes, but very clean. Their shoes and stockings are "yok" or non-existent.

The children are picturesque, the little girls with their hair dyed with henna and covered with a muslin scarf, and some bits of bright-coloured garments thrown about them, though I saw poor little bare backs and legs peeping through. The boys are little old men, their fathers or brothers dead or lost, fate unknown, and it is very pathetic to see one of them entering his "hareem" and conducting his mother, grandmother, and sisters about, whilst he is often lost beneath the weight of their goods and chattels which they have hastily snatched before their flight.

They (the Muhadjiler) come into Constantinople in long processions, entering the city through the Adrianople and Silivri gates leading their ox-drawn wagons, some of which are covered over with matting, under which the women and more feeble of the family are huddled. The most poverty-stricken are obliged to sell their oxen and other possessions for a few medjides to the Jews on the quay. Those that are able keep their beasts, which the Government convey over the Bosphorus at night, and they go on trudging patiently, as patiently as the sad-eyed oxen themselves, towards the interior of Asia Minor. Those that are going to the province of Khodavendegher, of which Broussa is the capital, cross the Golden Horn by the famous bridge, and embark at the Galata quay on the small steamers plying to and from Mondania of which the Bashlinjik, already described, is the largest.

Those bound for the interior of Asia Minor are ferried across from the Sokedji landing stage to Haidar Pasha or Scutari, whence they trek along the road that leads along the northern shore of the Gulf of Ismid until they reach the town of that name, where after a short rest they continue their toilsome march, some towards the fertile pasturages of Ada Bazaar and others towards the more populous centres of Eski-Shehr and Konieh, in the neighbourhood of which latter city it is understood that the Government desire to plant colonies on the land newly reclaimed by German enterprise.

Between our house-to-house visits to the Muhadjiler in Broussa, we managed to get hurried glimpses at the chief places of interest in that wonderful city, the most wonderful of all being the Green Mosque with its beautiful and incomparable tiles, its ancient library, its galleries for the Sultan and his suite, and its soft and

marvellous carpets. From three sides of the courtyard we gazed over the fertile plain of the Nilufer with the town stretching on the slopes beneath, and overshadowed on the fourth by snow-clad Olympus. The minarets are seemingly numberless; it is said that there is a mosque for every day in the year.

The Oulou Djami or principal mosque in the city, is of dazzling white, and has a large fountain and basin in the centre.

The city walls were built before the Crusades, and but few remain intact, though of wonderful strength and construction. At their commencement on the side of Olympus, a special spring of water bursts out from the mountain, and is conveyed by a conduit to the town. This place is called Bunarbashi, and is planted with big plane trees that cast a most restful shade in summer and make it a favourite resort. We visited the tomb of Sultan Orkhan and Osman, where we were shown the order of the Osmaniye of which he was the founder, and also the tomb of Sultan Mourad, which was covered with grass and open to the sky, as he desired he should be buried.

The following day we left Broussa early in order to catch the boat from Mondania. We motored down through this delightful and wonderful country, but Mondania itself was too dirty for words. So was our hotel, and we were much dismayed to find there was no boat for forty-eight hours. The house was the best in the town, but the beds were hard, and though ostensibly made of iron, gave way when sat on, much to our amusement. My washing had to be done under a tap, the basin having a hole and, as usual, no plug.

The next morning, not trusting our landlord, we enquired for ourselves in the boat, and found one leaving for Gemik, *en route* for Stamboul, in twenty minutes. Without waiting to enquire further, we got our luggage, and dashed down to the quay. But the boat! It was quite impossible; men slept in bunks by the engine-room and kitchen—in which latter place the cook was scraping dirt inches thick off the table; there were but two cabins—one crowded with native women, with whom I was expected to sleep; and as the steamer went but three knots an hour, I cried off at the prospect of spending a night on her. Our luggage was taken back to the hotel, and our host resumed his watch on us. From the moment we arrived till the time we left, he considered it his duty to sit in our sitting-room and watch us, until we had to feign sleep or go to our bedrooms to get rid of him for a minute.

However, in the afternoon, he suggested our motoring to a village off the beaten track, where there was a very old monastery. We caused great excitement, as ours was the first car that had ever travelled on that road; and the entire village stood afar off and gazed. The road led up and down ravines, in some places overhanging the sea, and with sharp curves and gradients that tried the nerves sadly. We passed through groves of fine old olive trees and vineyards to a little village

nestling by the sea, called Trilvia—the surroundings being much like the Riviera, especially with the very blue sea and sky.

In Trilvia, the street was divided by the main drain, four feet deep and as many wide, which was crossed at intervals by a few loose planks. The road on either side was so narrow that in several places there was only one inch or two to spare; and our mud-guard had to scrape the wall of the house it was passing. We had to cross and re-cross several times on the loose planks; and in the end the whole drain was boarded over in an equally rickety manner—and we ran down on the middle of it, wondering every minute when a board would give way, and we should be precipitated into all sorts of unknown horrors.

The Greek monastery proved well worth our journey. Some four or five centuries old, it stood on the mountain-side, surrounded by fields; the outer walls were very strong, the windows small and very high from the ground; and over the door a small projecting turret, from which to hurl boiling oil on any unwelcome intruder below. The building had also been used as a sort of hall, with an inner courtyard, round which ran a wooden gallery, on to which the monks' cells opened. The church was very curious, and approached down narrow, winding stairs with doorways so low that anyone entering had to stoop double, and was thus at the mercy of the defenders. This was done to protect them against Turkish intruders in olden days. Inside the walls had been painted in a curious crude way, but the ravages of time had nearly obliterated the pictures. Behind the screen was a small stone chapel, containing a crucifix and several ancient and beautifully illuminated missals on a very dirty table.

The effect of a very fine icon was entirely spoilt by tawdry drapery of muslin; and in another chapel we found a well-worn treasure-coffer, hidden in a corner and covered with dust. The monastery is now used as a *tchiftlik*, or farm.

The remainder of our journey home was without event; a very rough sea in the "Baslinjik" made us very thankful to see the Galata quay; and it was with distinct feelings of pleasure that we returned to our hospital at Scutari, where we found our colleagues busy as usual, and very glad to see us back.

KATHERINE H. WHEATLEY.

PSYCHOTHERAPY AND THE INEBRIATE.

On Tuesday, January 14th, at 4 p.m., Dr. Hugh Crichton Miller, M.A., opened a discussion on "Psychotherapy and the Inebriate" in connection with the Society for the Study of Inebriety. The Society is doing good work in promoting the scientific study of this question, which must be dealt with from the scientific as well as the philanthropic standpoint if progress in knowledge of underlying causes is to be made. The Hon. Secretary is Dr. T. N. Kelynack, 139, Harley St., W., and the annual subscription, including copy of *The British Journal of Inebriety*, post free, 5s.

OUTSIDE THE GATES.

WOMEN.

Women throughout the United Kingdom have little faith that they will be fairly treated in their relation to the Franchise Bill, the Committee stage of which will commence one day this week. The suspicion held is that even should Sir Edward Grey's amendment to omit the word "male" be agreed to, the Government will immediately after the voting, drop the Bill and adopt the Plural Voting Bill. Anything is possible to prevent women obtaining political power. We are cheap, cheap, cheap—long may we remain so is the ardent, if inarticulate, prayer of the "anti." That we can be "nasty" as well as cheap must, however, be prevented at all costs. So into jail we must go for outrageously long terms of imprisonment (if the law is broken by way of protest) in comparison with the sentences of those guilty of the hideous crime of violating children of three years old!

In passing sentences on Suffragettes of eight months' imprisonment at the Old Bailey last week, the Recorder said that he had no doubt that the accused were animated by the highest and purest motives in what they did, and that, having spent many years among the poorest class of women, they had been impressed by the miseries which resulted from the sweating system, which everybody knew was constantly in force, and which often led to the degradation of women and to other results almost too terrible to contemplate.

Women were most unconstitutionally excluded from the public court by the Recorder, thereby depriving them of a public right. We are glad to note that one of the prisoners, Miss Louisa Gay, made a protest against no women being in the court—thus treating them like pariahs and not as human beings.

Meanwhile Suffragists go gaily in the State of New York—the mail brings a *Tribune*, and there, in the very centre of a picture of a group of charming Suffragist Scouts, who have marched from New York to Albany to present a message to the Governor-Elect, Mr. Sulzer, is our own dear Miss Dock, looking as bright as a bee.

We learn, and can well believe it, that the women, as it happens, have done more than walk—they have talked, volubly and vigorously, all along the way, and always to that aroused and interested curiosity which is the finest of ground in which to sow any seed. Braving laughter, derision, and insult, they have encountered none of them except in minute quantities and mild forms, but much of courtesy, helpfulness, and applause. Everything considered, the marchers have reason to congratulate themselves on their achievement. They have gained an enormous amount of advertising, and far, far be it from us to deny that advertising pays.

The Rotherham and Woking tragedies of rape and murder of children still remain mysteries, and

in reply to a question in the House of Commons the Home Secretary stated that no appeal had been made to Scotland Yard from local authorities to try to discover the murderers—nor had any reward been offered for their apprehension.

Poor little Cuckoo Flowers!—it only they had been a stolen bauble, or a forged note—what a hue and cry there would have been over the sanctity of property! But concerning a poor child's honour, or even her life, a Home Secretary states without shame that he feels it undesirable "to interfere with the province of another officer" who apparently is not capable of performing his duty.

BOOK OF THE WEEK.

CEASE FIRING.*

We have in this volume the sequel to "The Long Roll," a heartrending record of the struggle between the North and the South in the American Civil War, when we "tramp, tramp, tramp" in their weary, ceaseless marches with the Army of Northern Virginia and the Army of Tennessee. When outnumbered, starved, and ragged these men made the most gallant struggle which history will ever recount. When the South literally "bled to death," and we weep with it as the bells are set "tolling, tolling, tolling," as the last grey troops or remnant of heroes pass from their old capital of Richmond over Mayo's Bridge, firing it "behind them, the tattered "Stars and Bars" still flying, to the sound of "Dixie," and listen to the growing sound from afar, the sound of marching men, of hurraing voices, of bands that played "Yankee Doodle" and "The Star-Spangled Banner."

"Flowering fruit trees and April verdure and a clearing sky. On and on down a long, long vista . . . *Tramp, tramp, tramp, tramp!*"

"Way down South in a land ob cotton,
'Simmon seed and sandy bottom'"

But to hark back, we owe this work of genius to Miss Mary Johnston, who maintains a pitch of enthusiasm for her subject, which is truly marvellous. War! war! war! and always war, runs with unabated ardour and vivid description from cover to cover.

Her exquisite style is somewhat detached yet never disjointed. A stirring incident, a tender love scene, a pregnant conversation, and lo! we are face to face with a situation entirely apart. A series of literary snapshots, so skilfully blended that even while we are wondering why this or that was introduced, the picture as a whole begins to take shape and form. There is no hint of slovenliness. The work shows an amazing grip, a painstaking method, a clear foresight which is not to be excelled by any present-day novelist. It cannot be denied that it is a somewhat difficult book to grasp, owing to the introduction of so

many characters, some of whom have figured before in the "Long Roll," and of such varied scenes.

Edward Cary's first meeting with Désirée was during an inundation by the Mississippi River.

"Edward listened to the wind and the rain.

"'What's to hinder it from higher yet?'"

"'Nothin' sahr.'"

"The young man got up, moved to the door, opened it, and looked out. He shivered and then laughed. 'Noah must have seen something like it when he looked out of the Ark.' He closed the door with difficulty." It was when the inundation was threatening her home, Cape Jessamine, that "he looked and saw Désirée Gaillard. She was standing high beneath her heaped logs, behind her the night. She had clasped round her throat a soldier's coat. The wind raised it, blew it outward, the crimson lining gleaming in the torchlight. All the red light beat upon her, upon the blowing hair, upon the deep eyes and parted lips, the outstretched arm and pointing hand, the dress of some bronzed and clinging stuff, the bent knee, the foot resting upon a log and higher than its fellow. . . ."

"When she saw the soldier beside her, her eyes opened wide in a moment's query, after which she accepted him as an item of the storm and of the night."

He loved her at once; and in the stress of those troublous times, married her. After three brief days of happiness together—

"The signal shots awakened them. Before he was dressed, there came the sound of the beaten drum in the street below. 'The long roll,' he said. 'I must hurry; good-bye, love, good-bye, love.' He was gone; with a sob in her throat, she fell back outstretched on the bed, face down, her hands locked above her head."

An inspiring account is given us of the work of volunteer nursing in the various hospitals.

"Fore-noon, afternoon passed. The nurses dressed and bandaged wounds, bathed and lifted, and gave the scanty dole of medicines, brought and held the bowls of broth, straightened the beds, told the news, filled the pipes, read and wrote the home letters, took from the dying lips the home messages, closed the eyes of the dead, saw the body carried out, turned back with cheer to the ward, dealt the cards for convalescents, laughed at all jokes, helped sick and weary lie over many a hard place in the road, saved it many a jolt."

One more word picture.

"As always on the eve of battle, there was going on a certain redding up. Those who had haversacks plunged deep within them, gathered certain trilles together, and tied them into small bundles with pencilled directions. Diaries were brought carefully and very neatly up to date. There was a habit, too, of destroying letters received and garnered. Here and there a man sat on a log, and tore up into little bits old treasured sheets. The flecks lay like snow on the earth of the wilderness. . . . A soldier, hearing his

* By Mary Johnston. Constable & Co., Ltd., 10, Orange Street, W.C.

comrades singing 'O Lamb of God, I come,' had his doubts. 'If we really come to Him, *why there wouldn't be any battle to-morrow*, seeing He said, 'Love your enemy,' which, if everyone did, why there'd be no enemy.' He leaned on his musket, and sighed."

It is almost an impertinence to order such works as "The Long Roll" and "Cease Firing" from the library. They should be bought, studied, not merely read—and cherished.

H. H.

READ

- "Cease Firing," by Mary Johnstone.
 "A Knight of Spain," by Marjorie Bowen.
 "Where Are You Going To . . . ?" by Elizabeth Robins.
 "Margaret Ethel Macdonald," a Memoir, by J. Ramsay Macdonald.

COMING EVENTS.

January 22nd and 29th.—Trained Women Nurses Friendly Society, Meeting of Committee of Management, 431, Oxford Street, London, W. 5 p.m.

January 23rd.—Nurses' Missionary League, Miss Richardson "At-home," 52, Lower Sloane Street, S.W.

January 23rd.—Society for the State Registration of Nurses, Meeting to consider a Resolution to Protest against the action of the Matron of St. Bartholomew's Hospital, in denying freedom of conscience and speech to the Nursing Staff at that hospital, on legislation affecting their profession. Life members, and those who have paid their subscriptions, are eligible to attend. 431, Oxford Street, London. 4.30 p.m.

January 31st.—Meeting Matrons' Council of Great Britain and Ireland. Business Meeting 3.30 p.m. Tea 4.30 p.m. Address by Dr. Helen Boyle on Mental Nursing at 5.15 p.m. 431, Oxford Street, London, W.

February 5th and 20th, and March 6th.—The League of St. Bartholomew's Hospital Nurses Course of Lectures. "Eugenics, what is it?" by Bishop Harman, Esq., F.R.C.S., Medical and Surgical Theatre, "The Industrial Position of women," by Miss Constance Smith. "Some Aspects of Juvenile Labour," by Miss O. I. Dunlop, D.Sc., Clinical Theatre, St. Bartholomew's Hospital, E.C. Tickets from the Hon. Secretary. 5.30 p.m.

February 10th.—Central Midwives Board Examinations. London, Birmingham, Bristol, Leeds, Manchester, and Newcastle-on-Tyne.

A WORD FOR THE WEEK.

An Aspiration is a joy for ever, a possession as solid as a landed estate, a fortune which we can never exhaust, and which gives us year by year a revenue of pleasurable activity. To have many of these is to be spiritually rich.

—R. L. Stevenson.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A PUBLIC PROTEST.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have read of the action of Miss McIntosh, Matron of St. Bartholomew's Hospital, denying to the women workers under her control the elementary rights of liberty to consider their own educational and economic conditions, and with no surprise whatever. Ever since her unjustifiable appointment I have been waiting for some such evidence of reaction at that unfortunate hospital. The fact is quite evident, women working there who have their livelihoods to earn cannot afford to fight this battle for freedom of conscience and speech from within. It remains therefore for us certificated nurses who enjoyed these privileges in the past, to take action and make a public protest. I feel sure THE BRITISH JOURNAL OF NURSING will sympathise with this suggestion and help those of us who are independent of official tyranny to place our case before the public, as our interests and those of the public are identical.

Thanking you in anticipation,

Yours very truly,

CLARA LEE

(Caret, St. Bartholomew's Hospital).

Thistle-down, Letchworth.

[A meeting of Members of the Society for State Registration of Nurses will consider a Resolution on January 23rd, claiming the right of nurses trained and in training to consider any Bill introduced into Parliament which affects their work, education, economics, and status.—ED.]

THE MUZZLING ORDER AT BART'S.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—Will you allow me to add my emphatic protest at the muzzling order which has been meted out to the members of my old training school of St. Bartholomew's Hospital? Till 1910 under a wise and inspiring rule, freedom of speech and of conscience obtained, nursing ethics were inculcated, and the recognition of the responsibilities resting on members of the nursing community—profession, alas! it is not yet—were insisted on as an integral part of a nurse's training. All that made for growth and for a larger field of vision was encouraged, and on the assumption that she who knows most does most, the paramount importance of weighing all that pertained to their own welfare, to the welfare of their patients, and of the public whom they serve was emphasised. Now, after only two years of the

change of regime, the discussion of one of the fundamentals of those who trained at St. Bartholomew's before 1911 is forbidden. State registration of nurses is taboo within the wall of the hospital, swept off the plane of practical politics! Can we who in our day benefited by the freedom which then obtained refrain from expressing dismay at what is done, coupled with amusement at the pulling down of what for thirty years has been a salient characteristic of training at St. Bartholomew's—liberty of conscience?

ELLEN B. KINGSDOWN.

(Cert. St. Bartholomew's Hospital)

Home for Homeless Children,
North Finchley.

THE PROVERBIAL OSTRICH.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, So the long expected has happened at Bart.'s. Personally, I am rather glad that the Matron has laid her cards upon the table and intends playing the "game" openly. We know where we are now, and it also relieves us of all the remaining *esprit de corps* (I say remaining, for it was severely shaken in 1910), we may have felt for the community of our Alma Mater who have for a quarter of a century worked together and given of their best, for progress in Medicine and Nursing for the good of humanity, with the result that wherever we travelled we found "Bart.'s" was a word to conjure with. But now, how like the proverbial ostrich! To imagine that to forbid freedom of speech on the subject of State Registration within the Hospital walls, in this enlightened age, can make any difference to the progress of the movement! It may act as a stimulant to the present Probationers to take an active interest in it where otherwise they might have waited until they had gained their certificates. There is the League of St. Bartholomew's Nurses, which has a membership of nearly 800, who, with few exceptions, are pledged to vote for State Registration. Comparatively few of these are now working in the Hospital. Far more of them are free women, scattered all over the world, and making their influence felt, handing on to their pupils the principles instilled into them during their years of probation. Nothing we do is ever really lost. It bears fruit at some time, often most unexpectedly. Also, the League is affiliated with the great International Council of Nurses. This most influential body owes its inception to a Matron of Bart.'s (Mrs. Bedford Fenwick), and its members are successfully working for State Registration throughout the world.

One can only feel regret and sorrow for the perpetrators of this suicidal step to the nursing of what has hitherto been regarded as the leading Nursing School of the world. Why do they not, (the "antis,") travel? Progress has always come from the West. They would be well advised to visit San Francisco for the Nursing Congress in 1915. Have they the courage to discuss the question

with our American President (some of them met her in London) and her able colleagues? I think *not*. I think we can safely anticipate that this action on the part of the present Matron of Bart.'s and her supporters will help rather than hinder the Registration Movement.

Yours faithfully

JULIA HURSTON.

Muirfield House, Gullane.

NURSES' UNIFORM IN THE DOCK.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM Many Infirmary nurses have felt keenly the case of shoplifting at Stridge's by the two infirmary nurses, and although premeditated as their thefts were, one is thankful they were not sent to prison. The fact remains, however, that it is very probable had they not dragged our uniform into the dock, and thus appealed for sympathy as members of a reputable body of women, they would not have been let off without punishment. My object in writing is to protest against nurses' uniform being allowed to be worn in the dock; it drags it in the mire, and is making it impossible for decent women to wear it with self-respect.

I am, dear Madam,

Yours truly,

MARY C. CARPENTER.

Kensington, W.

We may object to criminals wearing our uniform in the dock, and procurers on the streets, but trained nurses have no legal status without registration, and therefore *no power* to prevent any unjust abuse of their uniform, exploitation of fees, and through the anti-registration press, depreciation of their work or status in the body politic. Trained nurses can be, and are, treated with the utmost contempt, and until they unite in self-protection, they can blame nothing but their own apathy and stupidity for their helpless position. Wake up!—Ed.

REPLIES TO CORRESPONDENTS.

Miss Day, Douglas.—The book is not, so far as we are aware, published in this country. We should advise you to write direct to the publisher in America.



OUR PRIZE COMPETITIONS.

January 25th.—What are the principal requisites in the care of rachitic children?

February 1st.—What precautions would you take in nursing a case of venereal disease in regard to the patient, the household, and yourself.



NOTICE.

The Editor hopes that every reader who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers, so that its constructive work for the profession may receive ever increasing support. Address of Office, 331 Oxford Street, London, W.

The Midwife.

THE DEFINITION OF STILL BIRTH.

The decision as to whether an infant is still born or not is one of great importance. In former days, before coroners were as particular as they are at the present day, and before the Central Midwives' Board had laid down precise rules for the regulation of the procedure to be adopted by midwives, it is certain that, both by medical practitioners and midwives, the term still birth was used much more loosely than at present, and a distinguished obstetrician has been known to advise a midwife who applied to him for counsel, that it was justifiable to certify a child as still born in which respiration had never properly been established, as the attempts at respiration were automatic, and it had never really had a separate existence from the mother. Such a definition would not be accepted at the present day.

Still birth is defined in the Rules of the Central Midwives' Board as follows:—"A child is deemed to be still born when, after being completely born, it has not breathed or shown any sign of life." In such a case the midwife is enjoined "to carry out the methods of resuscitation which have been taught her," and in all cases of still birth, where a registered medical practitioner is not in attendance, to notify her local supervising authority.

But, according to the Council of the Obstetrical Section of the Royal Society of Medicine, "the final test of life is the pulsation of the heart, and this can only be ascertained by an expert." The same authority defined still birth as follows:—"A still born child means a child which measures more than thirteen (13) inches in length from the top of the head to the heel, and which, when completely extruded from the body of the mother (head, body, and limbs, but not necessarily the afterbirth), exhibits no sign of life by crying, or breathing, or by pulsation in the cord at its attachment to the body of the child or by beating of the heart."

Dr. Reginald Duffield, by whose request, according to the *British Medical Journal*, the question was referred to the Royal Society of Medicine, prefers a slight modification, and defines a child in whom the signs of life are absent as one "whose heart has ceased to function, as demonstrated by the absence of pulsation in the cord at its attachment to the body of the child and absence of any heart

sounds or impulses." He adds that "crying and (or) breathing—being secondary signs of life, manifested only when the heart is acting—can be relied upon as signs of life, but the absence of either or both is not to be held to be proof of the absence of life in the child."

Dr. Duffield, who, at a meeting of the Royal Statistical Society, read a paper on still births in relation to infantile mortality, observed that "the doubts as to the possibility of giving one basic test of life or death did not seem to him pertinent to the matter under discussion. He said that the test of life which was being sought was one that could be used in the ordinary routine of medical practice. Persistence of the heart's action had been selected as the test of life in a newborn child, because common experience pointed to the fact that in ordinary routine work resuscitation of an apparently dead infant was not possible after the heart had ceased to beat."

It will be seen, therefore, that the duty imposed upon the midwife, if a medical practitioner is not in attendance, of deciding whether an infant is or is not still born is a serious responsibility, and that efforts at resuscitation should not be abandoned until every means of establishing the circulation and respiration has been exhausted.

At the same time the caution is certainly necessary that the methods used should be applied in a skilful manner. Unskilfulness in such a case may cost a life. Also, while vigorous methods are necessary, it should always be remembered, in the case of a child apparently still born or exhibiting dangerous feebleness, that roughness is entirely out of place, and may extinguish the flickering flame of life.

The writer once saw the method adopted of throwing a premature infant backwards and forwards over the head of its resuscitator. At the mother's first confinement the conjugate diameter was found to be so small that craniotomy was performed. The second time induction was successfully carried out at the seventh month, and a perfect child born, of good colour, but weakly. Whether the method of artificial respiration practised affected its chances we are unable to say, but the child died. Midwives and nurses do not always realize how tender the life of a new-born child is, and this is a plea for combining the necessary treatment with all the gentleness practicable.

THE MATERNITY BENEFIT.

The Maternity Benefit of 30s., to which all women insured for a full period of six months are now entitled, on confinement, is complicated by the inclusion in the Act of a provision to pay the fees of doctors when summoned on the advice of midwives. It appears likely that the approved societies may protect themselves either by deferring the needed payment till their liability is passed, or by advising their members that if they wish the maternity benefit paid promptly they should call in a doctor, in the first instance, which is an indirect way of restricting the employment of midwives, concerning which they should be on the alert.

The fees for which the Society is liable, in this event, fall into three classes, namely, 15s. for an attendance on the mother in an emergency arising in connection with labour, and 5s. and 2s. 6d. respectively, for an attendance on the mother, or on the child by day, in other emergencies arising during the lying-in period. (The fee for attendance on the child by night is 5s.) A society is not, however, liable to pay more than 15s. in any case, and when the doctor is called in after twelve hours from birth, the liability of the society cannot exceed 10s. in all.

It will be seen therefore that societies are justified in paying £1, at least on the fourth day.

MIDWIFERY MADE EASY.

We have received from Messrs. Baillière, Tindall & Cox, 8, Henrietta Street, Covent Garden, W.C., a book which they have just published, "Midwifery Made Easy," price 2s., by Miss Mary L. Skinner, who holds the General and Obstetric Certificates of the Australasian Trained Nurses Association, and is a certified midwife, trained by the Maternity Nursing Association, Myddleton Square, E.C.

The book, which is dedicated "to the memory of Sybil Avis Dauney," who died at her post as Matron of the Association, where she was widely respected and greatly beloved, differs from other innumerable text-books on the same subject, and is indeed in the first instance a pronouncing dictionary, which will be greatly appreciated by midwifery pupils to whom the technical terms with which they are confronted on taking up this work are embarrassing and perplexing. But the book is more than a dictionary; for instance, under the heading "Management of Stages," the method of conducting a labour is described in detail.

Some of the homely illustrations are also excellent. For instance, as illustrative of a *tatus in utero* an electric bulb with frosted glass is taken. "The glass of the bulb represents the membranes, the outer opaque part the chorion, the inner clear part the amnion. The light, the tætus. The conductor (the thin wire running to the light) the cord. The connection (the brass part at the end) the placenta. Carry the bulb to the wall where it connects with the man, and

attach it. This will show you more clearly than any words the way the placenta is attached to the uterine wall. The current that lights the light, and the way it is picked up, illustrates the blood and oxygen being carried to the fœtus."

A NOVEL COMPETITION.

With a view to promoting a healthy spirit of emulation among women attending London Schools for Mothers, and generally to raise the standard of mother-craft among the lower classes, the Association of Infant Consultations and Schools for Mothers (a Department of the National League for Physical Education and Improvement), is organising Mothercraft Competitions, in conjunction with the National Health Week Committee, to be held in London during Health Week, April 6-12.

All "Schools" in the metropolis have been invited to send in competitors, not more than six in all to compete from any one "School." It is hoped that these six may be selected as the result of preliminary competitions. There will be nine classes in the competition, covering all aspects of mothercraft. Dressing and undressing a baby (to judge of the mother's skill in handling the child and the suitability of the clothing), laundry work, cooking, cutting out and making garments, knitting, washing a baby's bottle, together with a few simple *à la voce* questions on infant care and management, will all be included. A prize will also be given to the baby showing evidence of the best condition and the greatest care.

LE NOURRISSON.

We have pleasure in drawing attention to the first number of a new French review, *Le Nourrisson*, the editor of which is Dr. A. B. Marpan, Professor of the Faculty of Medicine, and doctor to the Hospital of Sick Children, with whom a group of distinguished medical men connected with the children's hospitals of the city are associated.

This publication, which appears under such good auspices, fills a vacant place amongst those devoted to infantile medicine. The programme includes original articles and practical medicine, critical and analytical *revues*, a concise bibliography and articles relating to the hygiene and pathology of infancy and early childhood.

Childhood, we are told, is the period of life which extends from birth to puberty.

It is proposed to consider childhood in three periods: Infancy, including the first two years of life, when the infant is called the *nourrisson*, and during the first two months the *nouveau-né* (newly born); the second period is that of the *seconde* or *moyenne enfance* (the medium period of childhood) up to the sixth or seventh year; and the *troisième* or *grande enfance*, the third period of childhood, lasting from the sixth or seventh year to puberty. The address of the journal is 10, Rue Hautefeuille, Paris, and the price for foreign subscribers 14 frs. per annum.

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EDITORIAL.

A PROPOSED NEW ASSOCIATION OF NURSES.

We publish in another column a letter from Mr. J. S. Pollitt, Hon. Treasurer of the Blackburn District Nursing Association Incorporated, proposing the formation of a "National Association of Nurses." Mr. Pollitt is well known to nurses as a friend who desires to help them to help themselves, who insists that the labourer is worthy of his hire, and denounces their ordinary rate of pay as disgracefully inadequate.

It is proposed that the objects of the new society, if it secures sufficient support, shall be (1) To associate and unite the qualified nurses of the Kingdom of England and Wales; (2) To provide means for the co-operation of nurses and the expression of their collective opinion upon matters affecting the interests of the profession; (3) To improve the condition of nursing in the country; (4) To afford the Government, local authorities, Poor Law Guardians, hospital associations—public or private—the advice and experience of the associated nurses; (5) To secure the effective representation of nursing interests in Parliament; (6) To secure the compilation of a comprehensive register of nurses, and to promote and extend the influence and dignity of the profession of nursing. To secure the recognition of the Society as a diploma-granting authority; (7) To secure and to enforce rational conditions of employment; (8) To raise the qualifications and status of nurses; (9) To secure adequate pay; (10) To afford advice and assistance to individual members in nursing and professional matters, and in legal cases of a professional nature; (11) To extend to retired nurses who may need financial help any help that can be given, in the discretion of the Committee, according to the Rules of the Society, and

also (if so decided) to extend protection to nurses wrongfully treated, and especially if wrongfully dismissed, and if thought desirable to seek incorporation under the Joint Stock Companies' Act at an early date.

We may say at once that with the majority of these objects we are in warm sympathy and have been working to obtain them for the last quarter of a century, but like all others who have endeavoured to effect organization amongst nurses the new Association, if formed, will be confronted with the initial difficulty that there is no recognized qualification for the nurses whom it desires to associate and unite, and that until we have a legal qualification for a trained nurse defined by a professional body, established by the authority of Parliament, we cannot co-ordinate nurses into a compact and forceful body, nor will the majority enter into a progressive campaign which will put them into antagonism with hospital committees who are in many instances (notably those associated together in the Central Hospital Council for London) most ungenerously opposed to organization amongst nurses on self-governing lines. The relations of nurses to these committees who as their employers have the power of promotion, and of influencing to a great extent their subsequent careers, are very delicate, and past events have inculcated the belief that the nurse who takes a prominent part in the organization of nursing, for the protection of the public and the benefit of trained nurses by so doing risks her professional promotion.

We doubt also whether, until they have the lever of legal status many nurses will be found to combine for their own protection. Further, in our opinion, practical experience has proved that the compilation of a Register, and the granting of diplomas, to be of any value must be carried out under State authority.

OUR PRIZE COMPETITION.

WHAT ARE THE PRINCIPAL REQUISITES IN THE CARE OF RACHITIC CHILDREN?

We have pleasure in awarding the prize this week to Miss Josephine G. Gilchrist, Gilmore Place, Edinburgh, for her paper on the above subject.

PRIZE PAPER.

The principal requisites in the care of rachitic children are attention to details of the general health and surroundings. The treatment is thus preventive as well as corrective, as fresh air, cleanliness, nourishing food, and warm clothing effect more than specific treatment by drugs.

Rachitis or rickets, from an old English word "wrickken," meaning to twist, is a common disease of childhood. The cause is not accurately known. In some forms thought to be due to a specific microbe, there is no doubt that wrong feeding and non-hygienic surroundings play a large part in the prevalence amongst the children in our crowded industrial cities. Scurvy rickets is generally acknowledged as a definite nutritional disease, and when recognized and combated in its early stages, is preventative of those grave constitutional effects in addition to the bone deformities which complicate the successful treatment once the disease has become well established.

While rachitis is naturally most evident where fresh air and good food are limited in quality and quantity, the children of well-to-do parents are not exempt from the various forms of the disease.

Regarded from the preventive as well as the corrective standpoint, the nutritional problem in early infancy is an important factor to be considered.

Deficiency of lime, salts, and fat, or excess of starch and sugar in the food of an infant undermine the constitutional and structural development, and are predisposing causes of rickets, manifested in varying degrees and, unfortunately, at varying periods. Where the mother is healthy, breast-fed babies, provided they are weaned at the proper time, are, as a rule, protected, or, should the symptoms appear later, readily amenable to preventive treatment. Artificially-fed infants, when deprived of their natural food at an early age, are greatly handicapped in comparison. For them fresh, clean cow's milk, suitably diluted in proportionate quantities, is the best food. Patent foods should be avoided as a rule, as such contain starch and are usually only suited to special cases for a certain time. Condensed

milk requires increase of fat and proteid materials, and must be supplemented with raw meat-juice and cream. Albulactin in cases of delicate digestion has proved invaluable, while cod liver oil cream proves a good substitute for cream of milk when there is any doubt of freshness as regards the latter. Virol is a valuable adjunct, though somewhat expensive. In the diet of older children lightly-boiled eggs and porridge with whole milk should constitute a large part of the daily food, with meat-gravy, milk puddings made with eggs, and plenty of milk to drink, and cocoa, in place of tea.

Catarrh of the stomach and bowels are frequently met with in rachitic subjects who are hand-fed. The feeding bottle should be ascertained to be wholesome and sweet, and of hygienic type, without tube. Orange or grape juice should be given as a matter of routine to artificially fed infants.

Rachitic children are usually restless sleepers and perspire freely when in bed. Long flannel nightgowns or sleeping suits should be worn to avoid chill, the bed-clothes should be warm though light, and the child have a cradle or bed in a well-ventilated room protected from draughts.

The rachitic child must be guarded against infectious diseases, and if deformities occur, those should be corrected while the bones are soft and not "set."

Deformities in the early stages may be prevented by holding and carrying the child properly. It should not be allowed to crawl about if the long bones have a tendency to bend. It should be carefully handled at all times because of the tenderness of its limbs. Fresh air and sunlight are essential. It is sometimes irksome for a lively child to lie or sit in the perambulator or chair for any length of time. It is a good plan to place the "pram" in a sunny corner of the court or garden and change the point of view occasionally, which keeps the little one amused and interested in passing events. The mother may take the child on her knee for a change or for a short walk on the grass.

Some doctors advocate the wearing of splints for early deformities; others are opposed to this.

Warm salt water baths, with gradual decreases of temperature as the child is able to stand it, are helpful in strengthening the muscles and limbs. The importance of preventing and treating rickets in the case of girl-children is very necessary, as such may cause the endangering and unhappiness of her life in womanhood should the pelvic bones become

deformed. Young girls should not carry heavy weights, such as message baskets, or their heavy brother or sister of ten months old. Contorted attitudes while sitting at school-desks or standing at play should be noticed and corrected by suitable exercises under medical advice and trained supervision.

Rachitic children are always delicate, liable to chills, chest complaints, and tubercular disease. Unfailing attention to the laws of health and building up the weakened constitution with wholesome food, with corrective exercises when prescribed, are the chief essentials for their welfare.

HONOURABLE MENTION.

Many of the papers this week were admirable, especially that of Miss Sarah Ann Cross, who receives honourable mention, as do also Miss Lucy Walker, Miss M. Dods, Miss L. M. Park, Miss A. D. Fairbank, Miss S. Simpson, Miss M. Eaves, and Miss O'Brien.

Miss Cross writes:—The principal requisites in the care of rachitic children are:—

1. Good, nourishing food.
2. Pure fresh air, and sunshine.
3. Plenty of soap and water.

The bones of a young infant consists largely of cartilage, which only gradually becomes converted into bony tissue. In rickets the gelatinous substances in the cartilage, owing principally to an insufficiency of lime, continue to predominate. The process of hardening is delayed, and the bones become bent and deformed, or greenstick fracture may be produced in bad cases. The ends of the long bones are especially liable to bend out under weight of body. The elbows, wrists, and ankles get enlarged, and there may be marked curving of the spine. Chest narrow, with prominent sternum—pigeon-breasted. In a bad case the bones of the head are also affected, flattening it out at the top, and giving a square appearance. The fontanelle will be open very late, and the teeth will be much behind their time in appearing, and will be cut with great irregularity.

In some cases the child is fat and flabby, in others he is extremely emaciated and pale. There are usually digestive disorders, and the abdomen will be big and prominent. Perspiration, especially about the head and face, will be extremely marked during sleep, and the child is restless.

The errors in diet which cause rickets are the exclusive use for long together of sterilised milk, or of patent artificially preserved foods, or of starchy foods at too early an age.

Miss A. D. Fairbank emphasises the need for a carefully regulated diet, fresh air, and sunlight, with good hygiene. Surgical treatment will be required for the deformities of bones. . . . The early stage of the disease usually reveals its onset by the restlessness of the child at night, and a profuse perspiration about the head; other symptoms are soreness and tenderness of body and pallor; there may be diarrhœa, or there may be constipation.

QUESTION FOR NEXT WEEK.

What precautions would you take in nursing a case of venereal disease in regard to the patient, the household, and yourself?



THE GERM THEORY IN PRACTICE.

On Wednesday, January 15th, Mr. Stephen Paget, F.R.C.S., delivered a lecture, under the auspices of the Nurses' Social Union, in the Lecture Hall of the Institute of Hygiene, Devonshire Street, W., which was illustrated by lantern slides.

The lecturer was introduced by Miss A. C. Gibson, the Hon. Organizer of the London Division, and in the fascinating way peculiarly his own, Mr. Paget dealt with his subject.

Nurses, he said, were somewhat apt to think that the germ theory meant a knowledge of the application of aseptic and antiseptic methods and was of quite modern origin, but it was something much more than that. That was a very narrow view.

Treatment by antiseptics was of very ancient origin, an instance was the application by the Good Samaritan of oil and wine to the wounds of the man who fell among thieves, the spirit in the wine being, no doubt, an antiseptic.

Hippocrates, 500 years before, directed the use of antiseptics after an operation for empyema, and before that Homer, and probably the Egyptians, sprinkled wounds with drugs. Medical men of a century or so ago appeared to think antiseptic treatment more or less unnecessary. Thus Potts, a surgeon to St. Bartholomew's Hospital, referring to the application of an antiseptic fomentation for a poisoned wound, said: "Better amputate the limb and be done with it."

Aseptic methods were also indicated by the smoking of meat and the boiling of milk for their preservation from the earliest ages. It was highly probable that Noah boiled the milk in the Ark. But the first beginning of the modern series of discoveries was inaugurated by the first man who saw germs through the microscope, some 200 years ago. This was Leuwenhoek, a Dutchman.

The first to really study and understand the nature of yeast, to see the millions of cells under the microscope and to study its action in brewing and baking was Cagniard-Latour, a Frenchman. From this began the study of fermentation in 1836, and arising from that the researches of Pasteur, whose

work began first in mathematics, chemistry, and ferments. It was Pasteur who discovered the *bacillus lactis*, which is responsible for the souring of milk.

Out of this arose the study of small points connected with germ life, such as the action of germs, which turn jam mouldy and meat bad.

Davaine's work on anthrax was the first which proved a germ to be the cause of a specific splenic fever, in 1863.

The work of Lister, the great surgeon, who went to Glasgow in 1862 and to Edinburgh in 1870, went hand in hand with that of Pasteur, who was sick in a post mortem room, and could not go round a surgical ward. In 1875 things began to widen out. Those interested in research could not advance very far until they could get the germs to grow outside the body. At first they were grown in fluid, such as broth, but the difficulty was tremendous. When Professor Koch was able to cultivate them on slices of potato, and on gelatine or jelly, it was a great advance. Koch in 1878 worked out ways of staining the bacilli so that they were easily visible under the microscope. Then the ways in which the new knowledge began to tell on mankind became apparent.

When Lister came to London the war began between those who were ready to die for Listerian principles and those who were indifferent to them.

The figures elicited at a Local Government Board Enquiry at that time in connection with eight of the principal London hospitals show that from 1869 to 1878 921 deaths occurred from pyæmia and septicæmia, and that return took no account of the months of pain, and the exhaustion from suppuration which occurred in a large amount of cases from these causes.

The operation for empyema is one of the simplest and easiest in the world: even a clumsy surgeon can perform it. It is as old as Hippocrates (460 B.C.), whose instructions concerning it were to wash the patient with warm water, shake him to get a splash, open the pleura, keep the wound open (with a solid rod, not a tube), and to irrigate the cavity on the tenth day. It was quite correct surgical procedure.

Then in 1820 someone—who ought to have been hanged—invented the aspirator. What simpler than to insert the needle and evacuate the pus? The apparatus was never surgically clean, and the results were most fatal. On the first occasion the pus was sweet, the next week it smelt, the third it stank, later the patient became hectic, and usually died of septic absorption. In a series of cases of Sir Astley Cooper's every one died. Another medical man recorded a case which was cured after sixteen months, after fifty-eight punctures, as quite an ordinary result.

The outcome of the germ theory was the introduction of the serum treatment, which was founded and built on the germ theory and proved by it. So we arrived at vaccine therapy.

To take one instance of the application of the germ theory. Koch, through the examination of sputa, discovered the germs of tuberculosis. From this has arisen the testing of cattle, the testing of milk, the notification of phthisis, the isolation of cases of this infectious disease, and disinfection of infected material and of dwellings.

Preventive inoculation followed the isolation of the *bacillus typhosus*. It was first used on a large scale in the South African War, and there was some disappointment as to its results. As knowledge advanced the results were better, and a striking example occurred last year in France during an outbreak of typhoid at Avignon. Of some 2,000 men in the garrison, 1,360 were protected by inoculation, and 680 unprotected. Amongst those not protected were 155 cases and 21 deaths, amongst the protected not one.

The bacillus of diphtheria was isolated in 1883, the use of antitoxin was adopted on the Continent in 1893, and in this country in 1894. The average mortality in the hospitals of the Metropolitan Asylums Board before its use in all cases of diphtheria was 30.4 per cent. This had come down to 8 per cent., and the average mortality in tracheotomy cases had come down from 70 to 20 per cent.

Equally striking results have been obtained in cases of spotted fever.

A cordial vote of thanks was accorded to the brilliant lecturer, whose discourse was keenly appreciated.

We regret that, owing to pressure on our space, we are unable this week to insert the interesting information from the Nurses' Social Union in Somerset.

RECIPROCAL TRAINING.

The Metropolitan Asylums Board have acceded to the petition of some of their fever-trained staff nurses to be placed on the same level, as regards pay, as staff nurses who have received general training, and who have lately been given an increased rate of pay. While there is no doubt that nurses who have received their training in the Board's hospitals know more of the special line of work in the wards than nurses with general training who have not had this special experience, still the policy of placing wards in charge of nurses with general training is a wise one. But before being given charge they should have some insight into this special branch. Equally, if the nurses trained in the Board's hospitals subsequently obtained general training, they would be invaluable officers if they returned to the Board's service. We are once more brought up against the question of reciprocal training, which is most desirable in the interests of both general and fever nurses.

A HISTORY OF NURSING.*

I.

In reviewing the last two volumes of "The History of Nursing," by Miss L. L. Dock, R.N., we must profoundly admire the skill which, in dealing with so vast a mass of material, has seized upon essentials, and wrested the heart out of modern nursing history in each country under consideration.

The first volume comprises four chapters— "The Story of the Nurses of Great Britain and Ireland," "The Growth of Nursing in the United States," "Nursing in the Countries of Northern Europe," and "The Revolution in French Hospitals."

GREAT BRITAIN AND IRELAND.

ENGLAND.

The author in this chapter shows how "Miss Nightingale's demonstration of the possibilities of nursing, followed by the success of her co-workers and disciples, drew widespread attention to its possibilities as an opening for woman's work, not as a career in the ordinary sense, for of material advantage it had none to offer, but as affording an opportunity for the relief of suffering and the service of humanity. This appealed very strongly to a group of earnest women of culture, refinement, and organizing genius, who from 1870 onwards carried on pioneer labours of the most intensive type." She then notes the dual basis of the provision for the relief of sickness through the voluntary hospitals and State-supported infirmaries and infectious hospitals, and shows that "the weakness of the Poor Law is that it aims not at the prevention of destitution, but at its relief, and so has the effect of creating it."

Nursing education and the various openings for nurses on the conclusion of their training are discussed, and the story of the formation and work of Queen Victoria's Jubilee Institute for Nurses is then told.

THE STRUGGLE FOR ORGANIZATION.

The place of honour in the third volume is given to the portrait of Mrs. Bedford Fenwick, "Founder and Leader of Organization in the Nursing Profession," the reason for this no doubt being that, on her initiative, in "the movement for self-organization and economic emancipation the nurses of Great Britain led the way. We have followed," says the author, "the path through long centuries, when the religious Sisterhood set the pattern of nursing;

we have seen the ebb and flow of religious societies aiming at freer forms, and have found the culmination of time's changes in Miss Nightingale's creation of a secular profession of women trained to nurse. But Miss Nightingale's work, magnificent as it was, did not include the inspiring idea of self-government in mutual, voluntary, democratic union. This was to be the service and the contribution of her successors, who, in turn, had to struggle desperately, and submit to contumely and abuse for the sake of their ideals."

Then follows a clear, dispassionate, and succinct account of the struggle for organization not yet closed. The history of the movement is so well known in this country that it is unnecessary here to refer to it in detail. Briefly, it gives the story of the foundation of the British Nurses' Association, the reasons which inspired the opposition to its ideals, the triumph of the nurses in obtaining a Royal Charter, the repudiation of the principle of State Registration, and the stormy subsequent history, with the reversion later to the foundation principle.

Meanwhile "the lesson of these events had been laid to heart by the nursing leaders, and they determined to make a fresh beginning and to call into being organization of nurses on other lines. The author mentions as foremost among the new organizations the Matrons' Council of Great Britain and Ireland, and, referring to Miss Isla Stewart, its President from its foundation in 1864 to the time of her death in 1910, writes: "In 1887 she was appointed Matron of St. Bartholomew's Hospital, succeeding Mrs. Fenwick, and died at her post of duty after twenty-four years of service, during which she stood forth as a strong tower in active furtherance of every progressive nursing movement. . . . Forceful and spirited, she never for a moment compromised on any question of policy, but boldly stood forth at every turn of the struggle as a champion of democratic progress."

Space does not permit more than the briefest reference to the foundation of the International Council of Nurses, the formation of Leagues of Certificated Nurses, and their grouping together in a National Council, the development of the Society for the State Registration of Trained Nurses, the triumph won for the cause in the House of Lords by Lord Amthill, and the further organization of the Registration forces by the formation of a Central Committee, under Lord Amthill's chairmanship, in support of the Bill.

The following conclusions are arrived at by the author: "One fact stands out in strong relief throughout all the history of

* Messrs. Putnam's Sons, 24, Bedford Street, Strand, W.C.

the organization of nursing in England, namely, that the opposition is to any form of legal status for trained nurses founded on the principle of self-government, and not to registration *per se*." (2) "In no other country have trained nurses in their work for legal status had to contend for so many years with the misrepresentations and hostility of the non-professionally interested nursing press. If the story of the struggle for nursing organization in the United Kingdom serves as a lesson to the nurses of other nations in showing them where their strength and weakness lie, the quarters from which opposition will inevitably arise, and the tenacity of purpose, courage, and self-sacrifice needed by those who take the work of women's organization in hand, this chapter of nursing history will not have been written in vain."

SCOTLAND.

In Scotland the hospitals cannot trace their origin back to monastic times, the oldest of the great hospitals being the Royal Infirmary, Edinburgh, founded in 1729. A gentlewoman was engaged as mistress or housekeeper at "a reasonable wage," this being £4, increased to £5 for Mrs. Waldie, her successor. Even in those days apparently there were differences between the medical and nursing staffs, for the first Resident, Mr. Robert McKinley, accused this lady of 20 distinct misdemeanours, including not making the pudding according to the managers' orders (the recipe being minuted), keeping out six eggs and a pint of milk and substituting water; only giving two baps to three patients instead of one to each; constantly entertaining friends and giving them tea; making the sack whey into posset for her own use; and rough speaking to the patients. Both parties were admonished—Mrs. Waldie for speaking harshly to a patient, and the doctor for interfering in the housekeeping department and encouraging complaints from servants and patients. Mrs. Waldie was completely exonerated from the charges of dishonesty, which were found to be "false and malicious." As Mrs. Waldie had a child dependent upon her, it is not surprising that she found herself in monetary difficulties on her income of £5, and that eventually it was increased to £8 6s. 8d. When she resigned, the managers stipulated that her successor should be a person competent to keep accounts, and that all their employees should be free from the care of children or persons depending on them.

A history of the hospital published in 1777 concludes some instructions to young physicians with the following advice:—

"There is still a circumstance which, however trivial it may appear to some, is not unworthy the attention of a hospital physician—that is, to learn the dispositions of the different nurses. While one, from a natural impatience, can hardly tolerate the caprice of patients, whose bodies as well as minds are debilitated by the force of disease; another, too sympathising, may be disposed to palliate faults of patients which ought to be reported to the physician or surgeon. The physician, by attending to these differences, will judge better how to regulate his conduct."

For the history of the development of the training schools, the introduction of trained nursing into Scottish poorhouses, the establishment of examinations for nurses under the Local Government Board, and the beginnings, in recent years, of organization amongst the nurses themselves, and much else of interest, the history itself must be consulted.

IRELAND.

It is to be expected that the nursing history of Ireland would be wrapped in legends tinged with the mysticism which is ingrained in the Celtic character, and we learn that the traditions of Irish hospitals and nursing extend far back and almost to pre-historic times: "In the heroic cycle of Finn and his Fianna we read of warriors covered with wounds and glory being carried back to the camp, where they were met by bands of women trained to nurse the wounded; how these took charge of the wounded heroes, and how, after a time, by the skill of the physicians and the care of the women, who "built them for battle once more," they were restored to health and vigour.

Nursing by religious orders dates as far back as the end of the fifth century, when the famous St. Brigid and her nuns attended the sick. In the eighteenth century many municipal hospitals were founded, and then Ireland, like her sister isles, had her dark period when Sairey Gamp was rampant.

Organization of nurses in Ireland began in 1900, when the Irish Nurses' Association was formed, with Miss Huxley as its first President. Miss Dock records that throughout the whole of the struggle of British nurses to obtain registration from Parliament, the Irish nurses have been keen and quick of action. At the time when, in 1908, through some obscure play of governmental politics, Irish nurses were threatened with exclusion from the Registration Bill then before Parliament, they uprose in vigorous resistance.

M. B.

THE ANTI-REGISTRATION UKASE AT BART.'S.

The question of who is guilty of the tyrannous act of depriving the Nursing Staff at St. Bartholomew's Hospital of liberty of speech and conscience concerning their own professional affairs, has agitated the powers that be at that institution during the past week. That someone has played the tyrant is not denied; the nurses for the future are not to be permitted to discuss their own Registration Bill, which proposes legislation vitally affecting their whole life's work—educational, economic, and social—in relation to the body politic; and a Resolution to this effect has been inscribed upon the minutes. It is a monstrous pronouncement by those in authority in any public institution dependent upon the financial support of the public.

The Committee, however, have done the right thing in taking the blame for their ungenerous action upon themselves, as, of course, without their support the officials cannot enforce their anti-registration policy upon their subordinates.

We are informed that on Thursday last week the Committee called a meeting of the Sisters, and that Mr. Acton Davis, the member who represents it on the anti-registration body, the Central Hospital Council for London, told them that when the Matron reported the request made by one of the Sisters that a meeting should be held on State Registration in the Nurses' Sitting-room in the Home, that they discussed the subject, and deliberately came to the unanimous decision that the request should be refused. Mr. Acton Davis laid great emphasis on the fact that the Committee, and the Committee alone, were responsible for the decision.

As will be seen from a letter in our columns, the Sister of the Paying Probationers' Home considers it unjust to hold the Matron, in spite of her anti-registration views, responsible for the *volte face* of the Committee of St. Bartholomew's Hospital, on their past honourable policy of permitting free speech to the Nursing Staff. We think, however, it would be exceedingly futile to attempt to exonerate either the Committee or their senior officials from blame. All in their own degree are equally blameworthy. They can in no measure exonerate one another, as their policy is synonymous.

When invited to concede a privilege for which there was a precedent of a quarter of a century, because the Matron considers protection for nurses and the public through

State organization "absolutely unnecessary," she did not accede to the Sister's request, and, as we now learn from Mr. Acton Davis, when this question of personal liberty was brought before the Committee, they unanimously, and without consulting the Nursing Staff, decided to refuse to them their inalienable right, as responsible working women, to discuss their own professional affairs, and to take action thereon.

Owing to her anti-registration prejudices, we conclude that the Matron did not, as her predecessor would have done, urge the views of the Nursing Staff, who have on several occasions in the past voted for the organization of their profession by the State. Without protest she was apparently content that they should suffer the affront she was empowered to convey to them.

Had it not been for the justifiable indignation of those nurses trained in the hospital who decline to permit this wrong to be done in secret, it would never have come to the knowledge of the public.

The resolution to be submitted to the members of the Society for the State Registration of Nurses, on Thursday, will claim liberty of conscience and speech for women workers in charitable institutions on all questions of legislation affecting their profession, and will invite the Committee of St. Bartholomew's Hospital to rescind the resolution placed on the minutes, depriving the Nursing Staff of the free exercise of conscience. This question has become one of public morality.

We beg to thank all those women who, loving justice, have during the past week so generously responded to our appeal for funds.

FREE CHOICE OF DOCTOR.

In last week's Journal it was explained to nurses who were insured persons under the Act that if they wished to obtain medical benefit that they had to go to the nearest Post Office, choose their doctor from the panel list, and take him their pink card to be filled up. This advice is satisfactory as far as it goes; it is satisfactory if the nurse's own doctor happens to be on the list, but if he is not, she may be puzzled to know how to proceed.

Everyone wishes to retain the service of the doctor in whom she has confidence and to whom she is accustomed, and should by no means allow herself to be compelled, and coerced, by an Insurance Committee to go to a doctor on the panel if he is not the doctor of her choice, when there is a special section in the Act which has been inserted by Parliament to protect her.

Section 15, Sub-section 3, of the Insurance Act :—

(3). The regulations made by the Insurance Commissioners shall authorise the Insurance Committee by which medical benefit is administered to require any persons whose income exceeds a limit to be fixed by the Committee, and ALLOW ANY OTHER PERSONS, in lieu of receiving medical benefit under such arrangements as aforesaid, TO MAKE THEIR OWN ARRANGEMENTS FOR RECEIVING MEDICAL ATTENDANCE and treatment (including medicines and appliances); and in such case the Committee shall, subject to the regulations, contribute from the funds out of which medical benefit is payable towards the cost of medical attendance and treatment (including medicines and appliances), for such persons, sums not exceeding in the aggregate the amounts which the Committee would otherwise have expended in providing medical benefit for them.

If a nurse desires to retain the services of her own doctor who is not on the panel, she should at once write to her local Insurance Committee to say that she wishes to contract out; a special form can be obtained from her own doctor for the purpose.

ELLEN SHUTER.

We feel sure many nurses will wish to be treated by the doctor who has attended them in the past, who knows their constitutions, and in whom they have confidence, and they will be wise to follow Mrs. Shuter's advice.

The situation in hospitals and infirmaries would be rendered impossible if only doctors on the panel could attend the intern nursing staff and administer medical benefit. We presume some arrangement will be made by Committees and Boards of Guardians whereby their own medical staff appointed to attend sick nurses will be recognised by the Insurance Committees for the district.

The sickness benefit of 7s. 6d. weekly due to insured nurses off duty ill will be claimed by some hospital committees, and not by others.

At a recent meeting of the Lambeth Board of Guardians the question of the administration of the Insurance Act in connection with probationary nurses was discussed. The incongruity of their consulting "panel doctors" outside the infirmary was pointed out, and the Chairman said it would be "simply ludicrous" whilst there were medical men in the institution in which they were employed. He recommended that some of the medical men in the Board's institutions should go on the medical panel, but that is a thorny question.

The same difficulty is being found by other hospitals. We learn that at St. Bartholomew's Hospital the nurses will pay the 7s. 6d. they receive as sickness benefit to the institution so long as they are being maintained and treated at the hospital's expense, which seems quite an equitable arrangement. The nurses at University College Hospital are receiving very generous treatment, as they are being treated at the hospital as heretofore, and no requisition is made on their sickness benefit. But it is becoming more and more evident that, so far as the majority of trained nurses are concerned, the Act is not constructed to provide them with medical benefit, though it makes provision for medical treatment.

STATE REGISTRATION.

Mrs. Bedford Fenwick will open a Debate on the State Registration of Nurses at the Lyceum Club on February 26th.

EDINBURGH NURSES LEAVE FOR SOFIA.

Two Edinburgh nurses left last week to undertake hospital duty at Sofia. The appeal to Scotland for nursing assistance came from Mrs. Hugh Miller, a Bulgarian lady who resides in Aberdeen, and who shortly before Christmas went out to Sofia to assist in hospital work. Mrs. Miller took with her one trained nurse. On her arrival she found a clamant need for experienced nurses. The mobilisation in Austria had withdrawn about 100 Austrian nurses who were doing duty in the Bulgarian hospitals, and Mrs. Miller found herself in charge of a hospital with 180 beds and only one skilled nurse and a number of young, inexperienced Bulgarian girls for the work. She sent an appeal for one or more nurses to Mrs. Whyte, the wife of Principal Whyte. Mrs. Whyte in turn made a public appeal, and raised the necessary funds to pay the expenses of two nurses to Bulgaria. An application was thereafter made to Miss Gill, the Lady Superintendent of the Royal Infirmary, and through her two nurses of wide experience—Miss Cumming and Miss Smaill—were found ready to volunteer for the work. Miss Cumming is one of the assistant superintendents of the infirmary, and acts as night superintendent there. She was on the staff of the Edinburgh and East of Scotland Hospital which went to the front in the South African War. Miss Smaill was formerly on the infirmary staff, and was for some time assistant night superintendent. The ladies got a hearty send-off from a number of friends when they left the Waverley Station.

THE NEW PRESIDENT OF THE IRISH MATRONS' ASSOCIATION.

A NURSING PIONEER.

The election of Miss Eileen M. Joy, Matron of the Coombe Lying-in Hospital, as President of the Irish Matrons' Association is a tribute, not only to her own popularity with her professional colleagues, but also to the standing of the institution with which she is connected. Maternity Hospitals in Ireland, and the advantages which they offer to pupils in training, have always ranked very high in the training school world, and indeed they merit this distinction. Also it is widely believed that the mothers in these hospitals are far healthier and the babies bonnier than in any other large city in the three kingdoms.

Miss Joy has been Matron of the Coombe Hospital for three-and-a-half years, and during the visit of the King and Queen to Dublin during the Coronation Festivities had the honour of receiving Her Majesty when she visited the hospital, and when she gave great pleasure by consenting to be photographed in a ward beside a patient who had suffered a very severe operation. Dr. Gibson, the Master of the Hospital, and Miss Joy were included in this memorable group. On this occasion Her Majesty on visiting one of the wards found two pairs of Coronation twins, called in each case George and Mary.

We wish the new President of the Irish Matrons' Association a fruitful and successful term of office, assured that she will carry on the public-spirited traditions which have always characterized its work.

Miss M. Amy Turton, whose pioneer nursing work in Italy is so well known to our readers, has, for family reasons, decided to live in England,

and has therefore resigned the post of Assistant Matron at the Scuola Convitto Regina Elena at the Policlinico Hospital, Rome. It was when living in Florence in 1890 that she first felt the necessity for the improvement of nursing in Italian hospitals. With other of her friends she was in the habit of visiting the patients in one of the hospitals and became impressed with the fact that the great need was for intelligent, conscientious nurses, not visitors. She first worked as a pupil in a hospital at Lucca, and later, through the good offices of Miss Nightingale, was admitted to the Royal Infirmary, Edinburgh, as a paying probationer, returning to Italy first to help to found the new school at the Gesù e Maria at Naples, for which, as she herself was pledged to work in Rome, she secured the invaluable help of Miss Grace Baxter, who has done such splendid service there. Miss Turton



MISS JOY,
NEW PRESIDENT, IRISH MATRONS' ASSOCIATION.

also has devoted the best part of her life to securing better nursing for the Italian sick poor, and her name must always have honourable mention in this connection.

There is ample evidence that Miss Turton's fine work is appreciated, not only by her professional colleagues, but amongst her many friends in the country, in which she has made her home for so many years.

APPOINTMENTS.

LADY SUPERINTENDENT.

Ladies' Sanitary Association, Liverpool. Miss Lovegrove has been appointed Lady Superintendent of Mothers' Visitors and Mothers' Helps under the Liverpool Ladies' Sanitary Association. She was trained at the Greenwich Hospital, and is a certified midwife, and also holds certificates as Health Visitor and School Visitor. She is at present working under the Flint County Council.

NIGHT SISTER.

Allt-yr-yn Hospital, Newport, Mon.—Miss M. J. Walters has been appointed Night Sister. She was trained at the Bethnal Green Infirmary, Cambridge Heath, where she has held the position of Charge Nurse. She has also held the position of Sister at the Borough Infectious Diseases Hospital, Hastings, and at the Allt-yr-yn Hospital.

SISTER.

East Ham Isolation Hospital. Miss Mary Gower has been appointed Sister of the Diphtheria and Tubercular Wards at the East Ham Isolation Hospital. She was trained at the West Ham and Eastern General Hospital; and did temporary Night Sister's duties there. She has also done private nursing in London and taken Sister's duties at St. Mark's Hospital, City Road, London, E.C.

Maternity Hospital, Bradford.—Miss Martha Smith has been appointed Sister. She was trained at the South Manchester Hospital, and has held the position of Sister at the Stockport Union, and of Night Sister at the Warrington Union.

SUPERINTENDENT.

Ancoats and Hulme Branches of the Manchester Schools for Mothers, Manchester.—Miss A. Keith G. Macdonald has been appointed Superintendent. She is a certified Midwife, and has a Sanitary Inspector's certificate and has also had training as a special probationer at the General Hospital, Wolverhampton. For two-and-a-half years she has worked under the Public Health Department of the Leeds Corporation.

SUPERINTENDENT NURSE.

The Workhouse Infirmary, Knutsford.—Miss Mary Rebecca White has been appointed Superintendent Nurse. She was trained at the Prescot Union Infirmary, at Whiston, and has held the position of Night Sister at the Bury Union Infirmary, and of Charge Nurse at the Union Infirmary, Leigh, and other places.

CHARGE NURSE.

Workhouse Infirmary, Uttoveter. Miss Alice Davies has been appointed Charge Nurse. She was trained at the Chelsea Workhouse Infirmary, and has been Charge Nurse at the Wrexham Workhouse Infirmary.

Fulwood Workhouse, Preston. Miss Nellie C. Young has been appointed Charge Nurse. She was trained at the Eastern Hospital, Dundee; and has held the position of Charge Nurse there.

FOREIGN APPOINTMENTS.

Scuola Convitto Regina Elena, Policlinico, Rome.—Miss Dorothy Loughton, trained at St. Thomas' Hospital, who is at present Home Sister in the above institution, and who has been appointed to a Matron's post at Sarzano, Italy, will temporarily act as Assistant Matron.

Miss Marian Spavin, late Night Superintendent, has been appointed Home Sister. Both appointments take effect after January 30th.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following lady nurse has been permitted to retire:—Nursing Sister Miss Amee Mary Cockcraft (Dec. 9th, 1912).

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

COUNTY SUPERINTENDENT.

Miss Soplia Wood is appointed County Superintendent, Somerset. She received general training at the Royal Berkshire Hospital, District training at Kensington, and Midwifery at the Queen's Home, Cheltenham. She has held appointments as Queen's Nurse at Bath, Kensington and under the Somerset County Nursing Association.

TRANSFERS AND APPOINTMENTS.

Miss Annie Edington is appointed to Sunderland as Assistant Superintendent; Miss Catherine E. Crowther to Hammersmith as Senior Nurse; Miss Annie Browne to Ullow; Miss Edith Heaton to Haydock; Miss Aukje Slauerhoff to Kensington.

THE PASSING BELL.

Mrs. Mary Kelly, who has just died at New Plymouth at the age of ninety-one was one of the notable band who went with Miss Nightingale to the Crimea. Her husband, who served with the 57th regiment in the Crimea, predeceased her by a few days.

PRESENTATION.

Many friends who subscribed to present Miss Edwards, the late Matron of the Dorset County Hospital, with an expression of appreciation of their regard for her will learn with pleasure that this has been warmly appreciated by the recipient. In acknowledging the cheque for £60, which was sent to her with the request that she would make use of it in some personal way, Miss Edwards wrote that she never had so delightful a surprise in her life. She had no idea she had so many kind friends although she knew that no place could be to her what Dorchester and its dear old hospital had been. As a result she is now arranging to spend some time in a warm place on the South Coast. In addition to the cheque Miss Edwards' friends have presented her with a handsome inkstand, candlesticks, and a bound book containing the names of subscribers to the gift.

NURSING ECHOES.

We are not surprised to hear that in London, where the Employers' Liability Act, the Licensing Act of the London County Council, and the National Insurance Act are all in force, that the general opinion amongst the managers of Nurses' Co-operation Societies is that never again can they be started on a sure financial basis at less than 10 per cent. The Glasgow and West of Scotland Co-operation of Trained Nurses, in its annual report, notifies that, for the future, nurses joining will pay 10 per cent. for the first two years, and later $7\frac{1}{2}$ per cent. The effect of all these Acts is to tax the work of nurses working on the Co-operation system.

We have received several letters from nurses thanking us for bringing to their notice the "Woman's Platform" page in the *Standard*, and informing us that they have substituted the paper for others which boycott or persistently oppose State Registration of Nurses. This is a sound policy. Personally we cannot understand the type of woman who enjoys being insulted daily or weekly, as the case may be. In consequence interesting articles on nursing are to be found in the "Platform." We read there that:—

Nursing work in the Highlands of Scotland is not eagerly sought after. It is not the pleasant life that it is sometimes considered by city cooped-up nurses. And the result of the Highlands and Islands inquiry into nursing is as was anticipated. "The total number of nurses is quite inadequate" fully summarises the lengthy report. For the work is not pleasant in winter-time. In the summer months the life may seem ideal—long cycle rides amid mountain scenery and the scent of the heather. But snow, ice, bitter winds, and sleet alter affairs, and roads impassable by torrents from the hillsides make the journeying from patient to patient one of hardship.

Nurses—particularly the fever nurses—must be prepared to attend upon cases in the houses of the crofters, and to live in these sometimes decidedly primitive cottages while in charge of patients. And as the cot of the crofter is oftentimes a rough stone "biggin" with thatched roof—the same roof covering both the inhabitants and the live stock—the accommodation is not of the most tempting kind.

In Argyllshire a bell tent is provided for the nurses. Needless to add, they much prefer, as a general rule, this canvas home from home to the crofter's cottage. Certainly there is a dearth of nurses in various islands off the west coast of Scotland. To get to the Hebrides the nurse must take to the boat in a sea that in the winter months is usually stormy, and sailing craft are unreliable as regards duration of voyage. Motor boats are

wanted, and before long the west of Scotland islands will doubtless have a motor launch service for doctors and nurses. But some islands are for weeks cut off from communication with the mainland owing to heavy seas, and unless a resident nurse is provided the dwellers will be without skilled assistance. For example, there is no nurse in South Uist, an island with a population of 5,000 persons.

The scarcity of nurses in country Poor Law Infirmarys is becoming a very serious evil, as the status and education of candidates is much on the downward grade. Of course, Boards of Guardians, such as that at Congleton, which offers £22 a year for a trained nurse, cannot expect to obtain anyone worth her salt.

Immensely good work is being done by the Manchester and Salford District Nursing Association, and we are pleased to know it is recognised. The committee has just received through Sir Frank Forbes Adam a cheque for £50, sent to him by Mr. Joseph Watson with the request that he would hand it to an institution in the city to be chosen by him, and which he is satisfied stands in need of it. The institution is now paying 260,000 nursing visits per annum free of charge to poor sick persons of all denominations.

Miss Florence Franklin, a nurse at the Royal Hospital, Sheffield, is to be congratulated on her narrow escape from a serious accident the other day. She was struck by a piece of spouting carried down by a quantity of falling snow, when passing a house, and might have been seriously injured.

A most successful and enjoyable entertainment was given last week at Woodbrook, Bray, in Mr. Stanley Cochrane's new concert hall, in aid of Lady Dudley's Nursing Scheme for the maintenance of district nurses in the poorest parts of Ireland. The instrumental music was provided by the Hamilton Harty Sextet, and his settings of Ulster traditional airs, sung to verses in which their true spirit was notably exemplified, gave great pleasure.

We hope Lady Dudley made a nice little pile by her successful entertainment. Established now for a considerable number of years, the influence of her scheme for great good has been felt wherever the districts are apportioned and nurses appointed, those districts being situated on the west coasts of Donegal, Mayo, Galway, Kerry, and Cork.

Everyone will agree that a piano is an indispensable addition to the furniture of a Nurses' Home, and we are pleased to note that the Guardians of the Belfast Infirmary propose to procure one. Music and, odd as it may seem, dancing, are delightful forms of relaxation for tired nurses—to see them trip the light fantastic toe with enjoyment after an arduous day's work is really surprising.

We regret to learn that Miss Alt and her friend Mrs. Schneider, the ladies who rendered such heroic service to the cholera patients at San Stefano, are now in straitened circumstances, and have, in addition, suffered severely from attacks of cholera. A circular has been issued by Lady Lowther and others in Constantinople stating that it is proposed to raise a fund for their benefit. Contributions should be sent to Lady Lowther at the British Embassy, Constantinople. It will be remembered that as no nurses were forthcoming, these ladies attended the patients with the utmost devotion, and, in spite of having attained an age when most nurses have retired from active work, Miss Alt was not only unceasing in her devoted labours, but spent her money freely for the patients.

Sisters Warriner and Obee, R.N.S., are hard at work at the San Stefano Hospital, near Constantinople. We gather from their interesting letters that arrangements are very primitive, but that a move is to be made into a new hospital.

In every war the amateur lady worker is a trial to the trained woman, however good her intentions may be, and, as usual, she has found her way to the Balkans and Turkey.

Next week we shall publish a most interesting account of the Red Crescent Hospital at Scutari, Constantinople, by Sister K. H. Wheatley.

IRISH NURSES' ASSOCIATION.

COURSE OF LECTURES FOR 1913.

Five lectures on the following interesting subjects have been arranged by the Irish Nurses' Association, and will be held at 34, St. Stephen's Green, Dublin:—

"The Prevention and Cure of Consumption," by Dr. Crofton; "The Signs and Symptoms," by Dr. William Taylor; "Massage in Diseases of the Nervous System," by Dr. Moorhead; "Gynaecological Nursing," by Dr. Gibson; "Seemingly Trivial Symptoms which may indicate Serious Disease," by Dr. Maunsell.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

The long-felt necessity of providing a "Night-off" once a month, for the Night Nurses has just been sanctioned by the Council of Charing Cross Hospital. An additional Nurse is to be added to the Nursing Staff who will do this Relief Work—and also have charge of the sick Nurses. A small salary is to be given to the first-year Probationers, when they sign the agreement of training. Hitherto the Probationers have received no salary during the first year of training.

The Central Poor Law Conference will be opened by the Lord Mayor, in the Council Chamber of the Guildhall, on Tuesday and Wednesday, February 11th and 12th, Mr. Morton Latham presiding.

Major Leonard Darwin and Miss Fortey (Leicester) will read papers on the Mental Deficiency Bill, from a eugenic aspect; and the Rev. P. S. G. Probert will treat of the administrative side of the measure. This subject will occupy the first day's sitting.

Sir William Chance will, on the second day, read a paper on vagrancy; and Mr. J. M. Rendel (Kensington) and Miss Henry (Newbury) will deal with the treatment and training of Poor Law children.

The Council of the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., have accepted an invitation from the Exeter City Council to hold their 28th Congress and Health Exhibition in the city, from July 7th-12th prox., under the presidency of the Right Hon. Earl Fortescue. The Health Exhibition will contain all the newest forms of Sanitary Apparatus—Municipal and Domestic.

The next examinations held by the Institute in School Hygiene, including Elementary Physiology, and for Women Health Visitors and School Nurses, will be held in London on May 2nd and 3rd.

A course of six lectures on the properties of milk, illustrated by experiments and lantern slides, will be given by Dr. Harden, F.R.S. (of the Lister Institute) on Thursday evenings, beginning on February 6th, at 7.30 p.m., at the South Western Polytechnic Institute, Manresa Road, Chelsea. Fee 2s. 6d. Each lecture will be followed by work in the chemical laboratory.

After February 13th non-pulmonary tuberculosis is to be a compulsorily notifiable disease.

The Local Government Board has approved the proposals of the Metropolitan Asylums Board in regard to the treatment of tuberculosis patients under the Insurance Act at the Downs School. For the future the institution will be called the Darenth Sanatorium.

The Board of Management of the Wigan Infirmary, at which 48,000 out-patients were treated

last year, have decided that the Insurance Act shall make no change as regards the treatment of patients. The workers contribute £8,000 annually to the institution in weekly penny levies.

LEGAL MATTERS.

COUPER v. LORD BALFOUR OF BURLEIGH.

The result of Lord Balfour of Burleigh's appeal in the action for slander brought against him by Miss Elizabeth Birnie Couper, Matron of the Clackmannan Infectious Diseases Hospital, Alloa, in the Court of Session, Edinburgh, last week, resulted in the dismissal of the action.

The facts of the case have already been reported in this Journal.

Lord Dundas, who gave the leading opinion, said it was admitted on the one hand that the statements were *prima facie* libellous, and on the other that the occasions were privileged. The sole question was whether or not the pursuer had relevantly averred malice. His lordship did not think that legitimate inference of malice could be drawn.

Lord Balfour, writing to the County Clerk, asked for a strict enquiry, and said: "I am told, but this is hearsay, that the matron was responsible for putting the Sauchie woman into close proximity to the two Forbes children, and that she did it in spite of remonstrances from at least one other member of the staff. If this is the case it points in my opinion to criminal conduct." That was the paragraph chiefly complained of.

Lord Dundas did not think that a member of the public, who had, in the bona fide discharge of a duty, submitted matters to a public authority for their investigation, was legally bound—if the result of such investigation was to absolve some person from injurious implication in the subject matter inquired into—to apologise to that person.

NOBLESSE OBLIGE.

It might be that the defender could, in the circumstances, without any sacrifice of principle or of dignity, have expressed some measure of regret that statements made by him in the bona fide discharge of a duty, upon information which turned out to be in part, at least, erroneous, should have cast an unmerited reflection upon the pursuer's character and caused her pain and inconvenience. It might be that such an expression would have been a kind and handsome act on his part. But these considerations were matters outside the province and contemplation of a Court of Law. He knew of no authority for holding that the mere obstinate retention of a personal belief or view was by itself a ground upon which malice might be inferred, and that was what the pursuer's argument must amount to.

Miss Couper has our entire sympathy, as a suggestion of "criminal conduct," necessitating a public enquiry before exoneration, should only be made on definite proof, and not as the defender admitted on "hearsay evidence."

SOCIAL SERVICE.

A POSTER PARADE.

"It is nothing to you, all you who pass by."

Given suitable circumstances, the open street of a big city is probably the best gallery of living pictures in which to pursue "the proper study of mankind." Opposition and grievous disappointment wait on those who are labouring for reforms of any sort. Such a state of things only serves to emphasise the *need* for reforms, and that reflection is in itself a compensation to those of a hopeful disposition. If we understood human nature a little better, we should not be surprised to find so many people who are still so prejudiced and so ignorant concerning the Woman Suffrage Movement. Why do women want the vote? At least one hundred good reasons might be given, but the one supreme all-embracing reason is this: *We must and will have power in order to uplift humanity, and make it purer, healthier, and happier.* The strength and purity of our desire has become an immanent power, and we know that we shall win, but—the strife is not o'er, nor "the battle won." For those who identify themselves with this great cause there is work of all and every kind. "Will you join the Poster Parade?" "Will you sell *The Vote* at such and such a pitch?" These and other appeals to my pen and pocket reach me from time to time from the Suffrage societies to which I am proud to belong.

Selling the paper is most interesting, even if one does not sell many copies, as Miss Dock found it, whose amusing sketch I have thoroughly enjoyed. This is the physiognomist's opportunity. The mere sight of one holding up a paper with the pregnant word *Vote* inscribed upon it seems to cause unpleasant expressions to appear on the faces of the passers-by. Hard, unsympathetic, disdainful, angry expressions. One elderly lady, looking fiercely at me says: "You should not break windows!"

A broken window can be mended in half-an-hour. There is no mending the broken hearts of poor mothers, and minds deranged with grief, when human devils steal their young daughters and sell them to many. The two breaks cannot be mentioned in the same breath. When will men and women learn to acquire a sense of proportion, and look at *motives* rather than *methods*? Windows have been broken because of the hideous wickedness of the White Slave Traffic, and women—whose hearts are bleeding for the poor young victims—are powerless to prevent it.

Trafalgar Square presents a busy scene when well-known women are speaking eloquently from the plinth. I walk among the crowd with a flat case containing literature suspended from my neck. The smiling face of a woman attracts me, and I offer my wares. She discourses at some length, but buys nothing. A complaisant gentleman tells me he is in sympathy with the move-

ment, but enjoins *patience*. I remind him that we have been waiting and asking for nearly fifty years. He appears to be unaware of this fact, but still enjoins patience! As he moves away I say, "Will you translate your sympathy into action and join the Men's League for Women's Suffrage?" He replies with an indulgent smile that he will think about it. When one has once made the plunge, and gone out into the street wearing the boards, to join a poster parade is rather enjoyable.

For one negative blessing we are abundantly thankful. We seldom, if ever now, hear an insulting remark. The thought that I am in good company in a good cause, imbues me with the small amount of courage necessary for the publicity. "Keep thirty feet apart, and look at the one in front of you." With these brief instructions, a cheerful party of women file out of the offices of the Women's Freedom League. In one hand we carry leaflets, to distribute to the passers-by, which affords another opportunity for "the proper study of mankind." Most of them are wilfully blind and deaf, many take it out of curiosity. One woman takes it, glances at it, and then drops it like a hot coal! Ah! the clergy—we shall find sympathy with them; I direct my attentions to them. "Won't the Church help the Women?" Most of them take no notice; one brushes rudely past me; another says, complaisantly, "That is not in my line, *not at all* in my line"; and is gone, leaving me no time to ask if the suppression of the White Slave Traffic is not in his line. The kind words and faces of those who are on our side are very cheering.

A poor man, passing close beside me, says: "Stick it, Missus; stick it, and don't mind the fools laughing."

This gentleman—for such he was in feeling and understanding was undersized, underfed and poorly clad, but he has the spiritual gift of understanding, and looks at motives rather than methods. In him we have evidence of another consolatory fact *we are teaching the people*. It was the *common people*—the commonality—who understood the teaching of the Divine Master—the Great Social Worker.

BLAIRICE KENT.

SANDOW'S COCOA.

No one who is acquainted with the invigorating effect of Sandow's Cocoa, as well as its delicious flavour, will be surprised to learn that during the war in the Balkans it has been widely appreciated by the Allied Forces. The firm have received a letter from Mme. Williams (Matron of the Red Crescent Hospital), at Kniajevo, Bulgaria, where a large number of the Turkish wounded are confined, bearing testimony to the great nutritive qualities of this alkali-free cocoa; and stating that she knows it to be much appreciated by, and a real comfort to the wounded. She asks that a new consignment of the cocoa shall be despatched to her immediately.

OUTSIDE THE GATES.

WOMEN.

On Friday the momentous issue raised by the Franchise and Registration Bill, whether or no women shall be granted the Parliamentary Franchise, will be debated in the House of Commons and feeling runs very high amongst those who oppose it. Lord Curzon and Mrs. Humphry Ward excelled themselves at the meeting at Albert Hall on Monday, when they belaboured womanhood and all things feminine with right good will, to the evident delight of the "womanly women," "who neither toil nor spin," who supported them on the platform. In the meanwhile the Women's Party are straining every nerve to impress Members of Parliament with the justice of our cause, and it is expected of us that we shall make a good show in our best bibs and tuckers in Parliament Square on Friday.

Many suffrage societies held a demonstration in favour of Votes for Women in Trafalgar Square last Saturday, when their organs were on sale.

The Awakener was thrust into one's hand, and on the very first page was to be found an article headed "The Decoy 'Nurse' Again," giving lurid details of the attempt by a woman dressed in nurse's uniform to "procure" girls for the White Slave Traffic. It is amazing how powerless the police appear in dealing with this type of criminal.

Then we bought a copy of *The Vote* and found an indignant reference to the Anti-Registration Ukase at Bart's. Yes, we thought, it is the opposition of these reactionary employers which prevents the nursing profession defending its cloth from such a degraded use. If nurses were registered, and had legal status, they could combine effectively to dissociate themselves from the criminal classes. Thereupon we went around the base of the statue of the great man who expected every man to do his duty, and made it our duty to deliver this lesson to the vendors of the journals aforesaid, and also to many intelligent women gathered together to demand liberty of conscience for their sex from a Parliament of intolerant men. Let us hope these seeds will sprout and bear fruit.

The Woman Journalist, the bi-monthly organ of the Society of Women Journalists, always contains articles of topical interests to journalists. The programme of the Society's social arrangements for this month and next provides evidence of the interest of the council in the members as a whole. A new departure provides that the informal gathering on Wednesday will be extended till 8 p.m. on the last Wednesday in every month. On February 26th Miss Evelyn Miller will open a debate on "The Superfluous Woman."

"The Poodle Woman," a Votes for Women novel by Miss Annesley Kenealey, is just out.

BOOK OF THE WEEK.

"GOD'S PLAYTHINGS."*

This collection of short romances is based on historical facts and personages. They are unique in their way; and, though many of them are gruesome, and all of them sad, they are clothed in vivid and picturesque garb. The book does not take the cynical view that its title would lead us to expect, but rather points to the thwarting of the Divine plan, by undisciplined vanity and luxury. Each of these short sketches relates the death of its subject—sad and harrowing deaths. For the most part, they are the working out of the Eternal decree that what a man soweth he shall reap. James Scott (Duke of Monmouth), the Earl of Stratford, Madame du Barry, the heads of whom fell under axe and guillotine; Sophia Dorothea, of Zell, the repudiated wife of George I., who for thirty-two years was a prisoner of Ahlden, and who died broken-hearted in captivity, whether innocent or guilty none knew; the Duchesse d'Orleans, sister of Charles Stewart, poisoned with chicory water; Lucrezia Borgia, the wanton Spaniard, who, as a sick old woman was temptress still, and whose last moments are so horribly described—these are some of the personages that figure in these pages.

The death of the little son of Edward the Black Prince is a very sympathetic piece of writing, and is a welcome relief from tragedy. "The Prince rested his cheek against the arms of England on the coverlet; he felt that lassitude of a man that feels that life is done. But his little son, sleeping beneath the leopard-strewn coverlet, would redeem his own unfulfilled promise."

"'Oh! dear Lord Christ, and St. George,' he prayed; 'let this be so—let him be a very perfect knight and a great king.'

"The child was awake; the sparkling blue of his eyes was brilliant in his flushed face.

"'When I am well, I shall have a shirt of mail, shall I not?'

"'Ay!' answered the Prince, 'if the armourer can make one so small.'

"The child closed his eyes. 'Why am I sick, Seigneur?' he muttered. 'Did I do wrong?'

"Edward shivered. 'You are not sorely sick?' he demanded. His son put out a hot hand, which the Prince clasped tightly."

"'I feel so tired,' he whispered, with his eyes closed, 'but when I sleep the dragons come and crawl over the bed.' A little later: 'Seigneur,' he gasped, 'let me mount the white horse . . . the great horse; why do you leave me alone?' he complained, 'but I . . . am not . . . afraid—never . . . afraid.'"

Of Madame du Barry, a woman of the people, it is related that among all the noble and ignoble sufferers by the guillotine there is no record of cowardice on the part of any, save only in her case.

* By Marjorie Bowen. Smith, Elder & Co., Waterloo Place, London.

"'What are they keeping us here for: she asked: 'what is going to happen?'

"A soldier passed them, insolently near; when he had gone, the young man answered: 'they must have told you: you were tried yesterday.'

"She faintly shook her fair head. 'O, no! you could not call it a trial!'

"'Do you not know, Madame, what this means?'

"A spasm of agony contracted her heart.

"'No—no!' she stammered.

"He very gently laid his hand on her wrist. 'We are all condemned to the guillotine,' he said. 'We are waiting for that now—the guillotine.'

"Incomprehension and confusion showed in the blue eyes of Madame du Barry; her mouth fell open. 'They are going to kill me?' she asked."

In sickening detail the terrible work of the guillotine is described, and her "common blood gushed over the other noble blood that stained the oak and iron."

H. H.

COMING EVENTS.

January 23rd.—Society for the State Registration of Nurses, Meeting to consider a Resolution to Protest against the denial of freedom of conscience and speech to the Nursing Staff at St. Bartholomew's Hospital, on Legislation affecting their Profession. Life members, and those who have paid their subscriptions, are eligible to attend. 431, Oxford Street, London. 4.30 p.m.

January 26th.—Trained Women Nurses' Friendly Society, Meeting of Committee of Management. 431, Oxford Street, London, W. 5 p.m.

January 29th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture by Dr. Crofton on "The Prevention and Cure of Consumption." 7.30 p.m.

January 31st.—Meeting Matrons' Council of Great Britain and Ireland. Business Meeting 3.30 p.m. Tea 4.30 p.m. Address by Dr. Helen Boyle on Mental Nursing at 5.15 p.m. 431, Oxford Street, London, W.

February 5th.—The League of St. Bartholomew's Hospital Nurses Course of Lectures. "Eugenics, what is it?" by Bishop Harman, Esq., F.R.C.S., Medical and Surgical Theatre, St. Bartholomew's Hospital, E.C. Tickets from the Hon. Secretary. 5.30 p.m.

February 10th.—Central Midwives' Board Examinations. London, Birmingham, Bristol, Leeds, Manchester, and Newcastle-on-Tyne.

February 11th and 12th.—The Central Poor Law Conference, Guildhall, London, E.C.

A WORD FOR THE WEEK.

In Life's small things be resolute and great
To keep thy muscle trained; know'st thou
when Fate

Thy measure takes, or when she'll say to thee,
"I find thee worthy; do this deed for me."

—James Russell Lowell.

LETTERS TO THE EDITOR.

It is cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

A PROPOSED NATIONAL ASSOCIATION OF NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Kindly permit me to try to make clear what is intended by proposing to form a National Association of Nurses.

It is proposed that it be an association of nurses of all grades, and that its operations be limited to caring for nurses' interests as they have not hitherto been cared for; that its members supply the funds; that they disburse the funds; that they manage all its affairs; and that the model on which this be done is the Birmingham Hospital Saturday Fund, the subscription of which is one penny a week.

At the present moment the nursing press is invited to afford its usual hospitality of its columns to enable nurses to ventilate the scheme by criticisms and suggestions, that a start may be made with a statement of its objects as succinct and yet as comprehensive as possible.

It has been said that it is of no use to propose any such scheme unless it has an influential backing, which is true, but not in the sense intended, as the best backing would be that of nurses themselves. Hitherto influential backing of all good things involving nursing has resulted in too much consideration for the patient, and too little for the underpaid and often overworked nurse, and it is time for adjustment. Committees of management of hospitals and associations have done their philanthropy largely at the expense of the medical profession and of the nurses, but we are not now concerned with the former. If a reckoning could be made it might be found that doctors and nurses have given most of the requirements of the medical charities. The cult of honorary service has been exploited, with the result of many nurses reaching the end of their working years without adequate provision, and in some cases without any provision at all, as when they have not had time through breakdown. The R.N.P. Fund affords an illustration of what can be done on the present rates of pay—an average pension of about ten shillings a week!

Sixty years ago, when Florence Nightingale was asked to go with a few women to the Crimea, Nursing might be honorary, but now it is a profession demanding high qualifications, and must be paid for.

After two or three weeks it is intended to invite, through the Press, all nurses to send a post-card, "Yes" or "No," whether they will join, and it is hoped that ten thousand may respond favourably. If, however, it be only

five thousand a few London adherents and others can meet, a general meeting called, a secretary and a treasurer appointed, and an office taken, as the income will be £1,000 a year, which could reasonably be expected to grow.

J. S. POLLITT,

Hon. Treasurer.

Blackburn District Nursing Association (Incorp.).

[We have alluded to this scheme at length in our editorial columns.—ED.]

THE ANTI-REGISTRATION UKASE AT BART'S.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In view of the personal element in the protest meeting I see advertised in your JOURNAL, *re* "State Registration at Bart's," I feel you should know before it takes place, that Miss McIntosh's question with regard to the holding of the meeting in the hospital, was put to the committee, and is entered in their minutes; and had the committee granted the request the meeting would have taken place. Therefore, I think a great injustice has been done Miss McIntosh by the attack made on her through the Press.

As State Registrationists we must all be lovers of justice, so for that reason I write you this.

I am, dear Madam,

Yours faithfully,

E. BRYAN,

State Registrationist.

Paying Probationers' Home,
24, King's Square, E.C.

Our correspondent will find our views on the question on page 67. We claim that, as the authorities of St. Bartholomew's Hospital have for years permitted the nursing staff to meet and discuss their own professional affairs, thereby establishing a precedent, the matron had no occasion to refer the sister's request (of which she was not in favour). Is it just that a matron should be placed in power over 300 women workers, when her professional ethics are diametrically opposed to their conscientious convictions? In our opinion it is cruelly unjust.

Miss Bryan writes: "Had the committee granted the request," &c. But they did not grant it. They supported the London Hospital anti-registration policy, of which they are aware their matron is in favour.—ED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Kindly allow me space in your valuable paper to say how surprised, not to say disgusted, I was to learn that the governors of St. Bartholomew's Hospital had refused to allow the library to be used by the nursing staff, as heretofore, for the discussion of so important a subject as the registration of nurses. Even though they might not have quite realised in their own minds the paramount importance of this subject,

still I should have thought their sense of justice and fairness would have allowed a custom to continue which was of great benefit to the hospital, and tended to raise the standard of the nursing staff generally.

In the past "Bart.'s" has always been in the front rank as a training institution, and it is much to be regretted that there has been this attempt to put back the clock and relegate the nursing staff to the position of domestic servants. In these days, when the study of medicine and surgery is advancing by leaps and bounds, is it not of vital importance for nurses to strain every nerve to keep pace with it, and how can they possibly do this unless some standard is fixed to exclude those who by their untrained ministrations would become a positive source of danger to our sick poor?

A "BART.'S" SISTER OF
EIGHT YEARS' STANDING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—If "one member suffer, all the members suffer with it," because "there should be no schism in the body." This is the true spirit of nursing; hence this is the reason why I, not being a Bart.'s nurse, make their cause my own in the circumstance which has aroused so much righteous indignation among the members of our profession. Liberty of opinion and free speech are among our most cherished institutions.

Bart.'s has stood as the premier hospital as a training school in the broadest sense, because of the broad mind and liberal views of the former Matron—the late Miss Isla Stewart—who strove untiringly to inculcate into the minds of her nurses the duty of *esprit de corps*. To this end she encouraged in every possible way independence of thought and individuality of character. How well she succeeded is common knowledge to all in the national and international nursing world.

The disorganised, chaotic state of the nursing profession at the present time is a scandal and an insult to the memory of our great founder—Florence Nightingale. Almost every day one reads or hears about unscrupulous women masquerading in the uniform of a trained nurse; many have to answer for their misdeeds in the police court, while many more dare to enter the sick room and impose upon the helpless sick, to their peril, and to the injustice of fully-trained nurses from whom they filch their just fees. We know absolutely that State registration will remedy this and many other glaring and obvious evils, and lift the profession upon a higher plane, as it has done in other countries.

We mean to keep the sacred flag of State registration flying, in spite of, and because of, all opposition.

BEATRICE KENT.

9, Colosseum Terrace, N.W.

[We do.—ED.]

A SUGGESTION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As an old Bart.'s nurse, who has taken a great interest in Institutions for the Deaf and Dumb—from which it is very difficult to obtain employment for the inmates—may I quite seriously make the suggestion that, in the future, probationers for St. Bartholomew's Hospital should be recruited from these exceedingly intelligent persons.

I am,

Yours sincerely,

A NURSE WITH A SENSE OF HUMOUR.

STAFFORDSHIRE COUNTY NURSING ASSOCIATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—For some considerable time past our County Superintendent has experienced very great difficulty in finding suitable candidates for training as Midwives and Village Nurses.

My Executive Committee have recently thoroughly investigated the whole subject, and have come to the conclusion that, without doubt, one of the principal reasons, why candidates are not forthcoming, is that the Salaries we offer are lower than those offered elsewhere and are quite insufficient. Since the remuneration was fixed at "not less than 16s." and so on, the cost of living has greatly increased and wages have risen.

We have therefore decided that in future the salary of every Nurse after her period of training shall be £1 per week which is the sum paid in neighbouring counties, and we shall be unable to supply a Nurse for a lower wage.

It would be eminently desirable that those Nurses who now work under existing agreements for a less sum should have their Salaries raised.

Yours faithfully,

H. R. BRUXNER,

Hon. Secretary.

Chaseley House,
Rugeley.

The more these salaries are raised the better. We recently discussed this matter with Mr. Bruxner in this journal. ED.]

OUR PRIZE COMPETITIONS.

February 1st.—What precautions would you take in nursing a case of venereal disease in regard to the patient, the household, and yourself.

February 8th.—How would you nurse a case of tracheotomy, and what is your practice in regard to the care of instruments and tracheotomy tubes in these cases?

February 15th.—Describe the daily and general care you would give to the mouth and hair of a helpless patient.

February 22nd.—How might a case of scarlatinal nephritis be recognized, and how should such a case be nursed?

The Midwife.

FREE CHOICE FOR PATIENTS.

We are asked by Miss Amy Hughes, General Superintendent of Queen Victoria's Jubilee Institute for Nurses, to give prominence to the following letter, which she has received in reply to a request, addressed by her to the Commissioners, for advice, in removing a misapprehension which has been found to exist in various parts of the country on the important point with which it deals:—

[Copy.]

NATIONAL HEALTH INSURANCE COMMISSION
(ENGLAND),

Buckingham Gate,
London, S.W.

January, 1913.

MADAM,—In reply to your letter of January 14th, I am directed by the National Health Insurance Commission (England) to state that under Section 18 of the Insurance Act every woman by or in respect of whom Maternity Benefit is claimed is free to choose whether she should be attended by a midwife or a doctor and has a free choice in this selection of the doctor or midwife.

There is, therefore, no foundation whatever for the assertion which you state to have been made in certain parts of the country that Maternity Benefit was not payable unless the confinement was attended by a doctor.

I am, Madam,

Your obedient servant,

(Signed) ROBERT L. MOEANT.

CENTRAL MIDWIVES' BOARD.

A Meeting of the Central Midwives' Board was held at the Board Room, Caxton House, Westminster, on Thursday, January 16th.

At the instance of Mr. Parker Young, a note of a resolution proposed and seconded, though lost, at the Special Meeting of the Board, on December 21st, was inserted on the minutes. Mr. Parker Young considered that if a resolution were proposed and seconded, whatever its fate, there should be a record of it.

He considered also, in relation to the Special Meeting of the Board on January 7th, the fact that a resolution excluding the press was carried, should be put down; and the Chairman, with the consent of the Board, added the following words to the minutes of that date: "A motion was carried that the proceedings be held in camera."

REPORT OF STANDING COMMITTEE.

The Report of the Standing Committee was received; and a letter was received from the

Director of Public Prosecutions, with regard to the case of the woman who had tendered a false and fraudulent certificate of birth, when endeavouring to enter for the Examination of December 10th, 1912. It was agreed (a) That the Public Prosecutor be thanked for his communication, and that the Board act on his advice; and (b) that the new case be communicated to the Public Prosecutor, for his information.

Letters were received (i) from the Matron of the Maternity Nursing Association, Myddelton Square, E.C., stating that the Executive Committee of the Association is prepared to accommodate not more than eight outside pupils at the lectures held for candidates entering for the Examination of the Central Midwives' Board, on certain conditions; and (ii) from the Secretary of the Royal Maternity Charity of London, suggesting that the Board might utilise the existing Training School of the Charity, in connection with the proposal that all lectures for pupils in London entering for the Examination of the Central Midwives' Board should be held at one of the Training Institutions. It was decided that the Secretary of the Royal Maternity Charity be thanked for his letter, and that it be considered when the list of lecturers is revised.

A letter was read from Dr. W. J. Howarth, County Medical Officer for Kent, asking the Board's opinion as to whether pulmonary tuberculosis should not now be regarded as an infectious disease, and consequently within the prohibition contained in Rule E 17 (b), as to laying out the dead. It was agreed that Dr. Howarth be informed that the answer to the question will be found in Rule E 17 (b). (This rule provides that a midwife does not transgress the regulation relating to the laying out of dead bodies, if at the discretion of the Local Supervising Authority she lays out a dead body in a case of non-infectious illness, provided that she is not attending a midwifery case at the time.)

APPLICATIONS.

The applications of eleven certified midwives, for the removal of their names from the Roll, were received; and it was decided that the applications be granted.

The applications of Mr. James Prior, M.R.C.S., Workhouse Medical Officer to the Dewsbury Board of Guardians, and of Mr. Gerald Graham Aldeson, F.R.C.S., Obstetric Assistant at University College Hospital, for recognition as teachers were granted.

REPORT OF FINANCE COMMITTEE.

In connection with the Report of the Finance Committee, it was decided to obtain tenders for printing and stationery from Messrs. Spottiswoode, and other firms.

THE BOARD'S EXAMINATION.

The Secretary reported that for the first time there had been a falling-off in the number of candidates for the Board's Examination; during 1912 there were between 70 and 80 less than in 1911.

COST OF PENAL CASES.

The Secretary also drew attention to the great increase in the cost of the penal cases; in 1911 the amount was £420, and in 1912, £680.

Mr. Parker Young observed that it was a question whether the Board should not have the whole time services of a solicitor.

Mr. Duncan pointed out that a large proportion of the expenditure was for out-of-pocket expenses. Every statutory declaration by a doctor cost one guinea.

The meeting then terminated.

LEGAL PROCEEDINGS UNDER THE MIDWIVES' ACT.

From time to time cases are made public in which, through the enforcement of the provisions of the Midwives Act the practice of Midwifery by unskilled persons has been stopped. At the meeting of the London County Council on Tuesday last the Midwives Act Committee reported that in two cases in which legal proceedings had been instituted by the Council against women for having habitually and for gain practised midwifery contrary to the provisions of the Midwives Act, convictions had been obtained. In one case the offender was charged 10s. with 14s. 6d. costs, and in the other 10s. and 14s. costs.

WELL MERITED GIFTS.

At an ordinary meeting of the Holborn Board of Guardians recently it was reported that the Local Government Board had consented to the Guardians' proposal to subscribe £10 10s. to the funds of the Maternity Nursing Association, 93, Myddleton Square, Clerkenwell, E.C., and the City of London Lying-in Hospital. Both institutions are doing excellent work in very poor neighbourhoods.

A MONTHLY NURSE WITH AN ALIAS.

At an inquest at Brixton on the infant daughter of Mr. Charles Jones, registrar of births and deaths at Balham, the father complained that on the evening the child was born the nurse returned the worse for drunk. Early the next morning his wife called him into the room and said that she had been trying to quiet the child for two hours, and the nurse had done nothing to help her. At 7 a.m. the nurse called him in a very casual manner, when he found the child dead. His wife was in a state of collapse. The nurse behaved with the utmost callousness. Elizabeth Annie Kilshaw, a married woman, said that she

acted as a monthly nurse under the name of Nurse Eccles. She denied having taken any drink on the night in question, but said she was taken ill. A verdict of "accidental death" was returned. There was no evidence offered that the "Nurse" had received any training. One thing is certain, that the publication of a Register of Trained Nurses would stop the adoption of aliases amongst those aspiring to professional recognition.

THE DARWEN MOTHERS' CLUB.

The Darwen Mothers' Club, of which the Mayoress, Mrs. John Pickup is President, has for its objects:—(a) To give instruction on infant feeding and rearing, (b) To organise a fund, raised by fortnightly payments of the members, to supply in time of need, nourishment for the mothers, or milk for the babies. The members of the General Committee are expected to undertake some portion of the following:—(a) To cook necessary nourishment provided for the mothers who are unable to have it cooked for them at the time of confinement. (b) To help at the fortnightly meetings. Meetings of the members of the Club are held fortnightly, on Saturday afternoons, between 3 and 4.30, at which instruction on the care of infants is given. During the Session 1911-1912 the subjects of the Talks given were "Preventive Medicine," "On Avoiding Infection," "Epidemic Diarrhoea," "How to Prepare for Baby," "How to Feed Baby," "How to feed Baby after Weaning." Practical Demonstrations were also given in "Hygiene in the House," "Poultice and Fomentation Making," "How to Wash and Dress Baby during its First Month." Three lessons were given in cooking, and two in cutting out and making garments, from which it will be seen that the programme of the members is a very practical one.

THE LOCAL GOVERNMENT BOARD (IRELAND) AND THE WOMEN'S NATIONAL HEALTH ASSOCIATION.

The Local Government Board of Ireland have replied in some detail to the Guardians of the Kenmare Union, which applied to them for their views on the scheme outlined in the recent circular letter from the Women's National Health Association of Ireland, respecting the salaries and duties of the dispensary midwives, and asking whether they were at liberty, if they so decided, to accept the scheme. The Board remind the Guardians that they now appoint midwives and pay them fixed salaries out of Union funds and that on the clear understanding that the midwifery cases amongst the poor must receive priority these officers are allowed to engage in private practice, and in many rural districts they receive the bulk of whatever private practice there is, and in such districts patients of moderate means would be at a serious disadvantage if they

were debarred from obtaining the services of the dispensary midwives. The Local Government Board consider that the proposals contained in the scheme of the Women's National Health Association might interfere with the arrangements made locally for the supply of skilful midwifery nursing for maternity cases throughout the Union, and also that as Maternity Benefits under the National Insurance Act will shortly become available, they think the Guardians would do well to wait for further information before agreeing to the fundamental alteration proposed in the duties and present system of control and remuneration of the dispensary midwives.

We are glad to find in this pronouncement an endorsement of our own views expressed some weeks previously.

JAVANESE MOTHERS AND BABIES.

J. F. Scheltema, in an interesting article in *The Englishwoman*, states that in Java "However poor a married couple, every baby is a welcome addition to their happiness; babies are cherished like 'jewels dropp'd from heaven,' and long before their arrival the evil spirits that might harm them are pacified by offerings according to the parents' means. Father and mother both have to be careful in many respects lest harm should befall their as yet unborn child.

"When the moment approaches for ushering the new guest into life, the mother, to ensure an easy confinement, asks the father to pardon whatever she may have done amiss. The sins most frequently to be atoned for are a hasty temper, a habit of excessive scolding, the small but continuous provocations proceeding from feminine words more like aloe than honey, *quædam parva quidem, sed non toleranda maritis*, in short, a wayward and contumacious attitude with respect to her lord and master. In the same manner and for the same purpose, the father unburdens himself to his expectant spouse of whatever he may have on his conscience as regards conjugal trespasses, and they give each other a draught of water in token of mutual absolution. While the female relatives, with or without the services of a *dukoon* (medicine woman), assist the wife, the husband very often aids their efforts by preparing a second potion for her to swallow, dipping into it the handle of his kris, or he transmits the hidden virtue of that weapon, especially efficacious if it is a *pusaka* (heirloom), by placing it at her right side with the sheath at her left, addressing it and invoking its help. He must unsheath all his weapons, see to it that all the doors of the house are kept open, loosen the knot in which his hair is taken up under his handkerchief, and comply with a long list of equally weighty rules laid down for such occasions.

"As soon as the baby has had its first bath, the *dukoon* strikes with both her hands the mother's couch, and says: 'To-day let evils come, and fits, and children's complaints; after to-day I

shall not admit them!' This is to avert sickness and a timorous disposition. Nevertheless, if the baby is born about sunset, little hope can be entertained of its growing up in health and strength, and even supposing it does, the malignant spirits will incite the tigers in the woods to track and devour their marked victim. If, on the contrary, the baby has the good fortune of being allowed to make its bow to the world about sunrise, prosperity and happiness all round will fall to its lot.

"The third day after a baby's appearance is generally devoted to the ceremony of giving it a name which, however, it does not keep throughout life, changes occurring frequently according to changes in its condition and other circumstances. The right thing to do is to convoke a meeting of the principal men of the village, whom the father consults on this grave affair. Very often the baby is named after one of its grandparents, if these are still alive; or it receives, in aristocratic families, an ancient Hindu name; or, among the pious, the name of a Moslem Saint; or, among the lower classes, it will have to do with some such common appellation as *Kromo* or *Wongso*; or, opinions disagreeing, it will simply go, during its infancy, by the name of the market-day on which it was born. Occasionally, if the parents have lost one or more children, and are afraid of the new baby dying too, or if Heaven has blessed them with too many girls, a boy being wanted, or the reverse, they select a very ugly name to deceive the hostile demon playing tricks upon them. If the baby turns out sickly, despite this precaution, and its accompanying the mother to the market or even a festive entertainment of friends and neighbours, does not have the desired effect, a change of name is resorted to. This may imply a corresponding change of name for the parents, and transitions of the kind are easily affected on any pretext, but always subject to established usage.

"It is not advisable for babies, any more than for adults, to be exposed to the hot glare of the sun just before and one or two hours after noon—the most auspicious time for the evil spirits to annoy the sons and daughters of Adam. Not that the *shetans* and *jins* are ever negligent in obeying the behests of Eblis (the puffed-up with pride), as is evident from babies crying at night for no apparent cause and refusing to be soothed; but in the dark they can be driven away by the crackling sound of a handful of salt thrown into the fire, exactly as they can be called by whistling to serve the ends of those skilled in *guna guna*, magic and sorcery. Chalk smeared on a baby's ears is an excellent thing to prevent the calamitous consequences of a death in the neighbourhood; and when a family removes to a new dwelling it should be remembered to carry off a little dirt from the floor of the old one, to make the children feel at home. The clothes of a baby, if too old for mending, must never be burnt, but thrown out of doors; the neglect of this precaution will cause it to suffer from an eruption of the skin known as *sawang tedjang*."

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EDITORIAL.

THE NATIONAL COUNCIL OF NURSES' CONFERENCE.

It is with much gratification we are able to announce, in connection with the decision of the National Council of Trained Nurses of Great Britain and Ireland to hold an Annual Conference, that, on the invitation of the Irish Nurses Association, which is affiliated to the National Council, the first of these Conferences will be held in Dublin on June 3rd, 4th, and 5th.

The Executive Committee of the National Council which will be in close touch with the Irish Nurses Association will meet shortly to discuss the arrangements, and, meanwhile, we hope that many members of affiliated societies will plan to attend the Conference, and that they will consider what contribution they can make towards its success—through papers on professional subjects as invited speakers, by participating in debates, and in other ways open to them.

Those who have never visited the Emerald Isle may be assured with confidence that the occasion is one not to be missed. Dublin is a city famed for the beauty of its surroundings, the dignity of its public buildings, the literary perception of its citizens, the efficiency of its hospitals, and the professional appearance of its nurses, and we may be sure that their invitation to the nurses of the Sister Kingdoms, to visit their historic capital, will be associated with the sincere welcome which springs so spontaneously and delightfully from warm Irish hearts, the possession of which gains for our versatile and talented Celtic colleagues widespread affection, in addition to respect and admiration for their many gifts, of brain, tongue, hand and pen.

The object of a Nursing Conference is not merely to hear and discuss papers on professional subjects; we miss much of its benefit if we do not capture the professional spirit, the unity, the camaraderie which have been so distinguishing and delightful a feature of the Congresses of the International Council, and which we may confidently hope will be repeated in those now to be inaugurated by the National Council. For the spirit of our great central organization has penetrated to its affiliated societies, and we have the common bond of aspiration for that "full development of the human being and citizen in every nurse, which shall best enable her to bring her professional knowledge and skill to the many-sided service that modern society demands of her." How to accomplish this high aim is the problem which nurses, inspired by professional ideals, set themselves to solve when they meet together in conference, and in the discussion of which they are mutually helpful to one another, and to the public, whom they desire to serve with the best abilities they possess. Few nurses can attend a professional gathering of this kind without realizing how much they have gained thereby.

Such conferences, then, are a joy and inspiration, and the meeting with kindred spirits, inspired by the same ideals, a delight which few, who have once experienced it, would willingly forego. They offer opportunities for making life-long friendships, and, indeed, are red letter days in the difficult years in which we toil towards the goal we have set before us, often in lonely outposts where we have not the support and strength which association brings. We are confident, therefore, that every member of the National Council of Nurses of Great Britain and Ireland will do her part to help to make its first Annual Conference a brilliant success.

OUR PRIZE COMPETITION.

WHAT PRECAUTIONS WOULD YOU TAKE IN NURSING A CASE OF VENEREAL DISEASE IN REGARD TO THE PATIENT, THE HOUSEHOLD, AND YOURSELF?

We have pleasure in awarding the prize this week to Miss Gladys Tatham, Davoz-Platz, for her paper on the above subject.

PRIZE PAPER.

Venerereal disease may be of three kinds, *i.e.*, Syphilis, Gonorrhœa, or Chaneroid. Each disease has its special dangers from the point of view of infection, so we will consider them separately.

1. Syphilis, supposed to be caused by the *spirochæte pallida*, a micro-organism first isolated by Schaudinn and Hoffmann in 1905. Called "pallida" owing to the difficulty of staining it in microscopic work, it is readily perishable when removed from its host, particularly if it gets dry. Owing to this characteristic "spirochæte pallida" cannot be conveyed through dust, as is the case with many infectious diseases. "Spirochaeta pallidæ" have been found in the primary, secondary, and tertiary lesions of syphilis; in the urine and saliva; in the lymphatic organs; in the foetus, and in the newly-born syphilitic infant.

The first stage of syphilis is distinguished by the presence of an ulcer (known as the "primary lesion") at the point of inoculation. The discharge from this ulcer is highly infective.

The second stage is characterised by active constitutional symptoms, *e.g.*, enlargement of lymphatic glands, rash, mucous patches, &c. The "mucous patch" is a flat, greyish ulcer secreting a copious and virulently infective discharge; these patches are found in the throat, corners of the lips, and other parts of the body.

The third stage of syphilis may be delayed until twenty, or more, years after the primary infection; by careful, early treatment it may be averted altogether. It is marked by ulcerous eruptions of the skin, and by soft tumours called "gummata." Gummata may appear in any part of the body, in the brain, in the bones, or the muscles. The ghastly disfiguration one sees sometimes where bony parts, *e.g.*, the nose, have been eaten away is usually the result of a syphilitic tumour. Naturally any discharge from a "gumma" is very contagious.

When nursing a syphilitic patient the nurse must always endeavour to secure him a separate, well ventilated room. She must keep her patient scrupulously clean, all sores must be cleansed and dressed frequently; the mouth and teeth should be washed at least three times

daily. All soiled linen must be removed and placed in disinfectant before being sent to a laundry. General attention to diet and hygiene of patient according to doctor's orders.

To protect the household the nurse should see that all eating utensils used by the patient are kept apart. She should pour boiling water over them before washing them up. No soiled linen (table napkins, &c.) should be placed with those of the family till they have been disinfected. The patient or, if necessary, the relatives should be warned of the danger of kissing. The family lavatory should not be used by a syphilitic patient, unless he is free from any local discharge.

To protect herself the nurse must be vigilant, always remembering to use forceps for handling soiled dressings, to burn the latter, to carefully disinfect her hands after touching the patient, and always before eating. Never to touch her eyes with her finger, to be careful of the slightest inflammation; and to cover even a scratch with a rubber stall, or collodion frequently renewed. A syphilitic baby is even more infectious than an adult because one must necessarily handle the poor little soul more.

2. Gonorrhœa is caused by an organism called *Gonococcus gonorrhœæ*, first discovered by Neisser in 1879. Although it is destroyed quickly by sunlight and removal from the animal body, it may, like syphilis, remain latent in human tissue for an indefinite number of years. Although apparently dormant, it is as effective as ever and may cause an active and virulent inflammation if conveyed to the previously healthy tissues of another individual.

When nursing a case of gonorrhœa the nurse must care for her patient's general health and cleanliness, taking particular care to burn all soiled dressings, &c. If the case is one of gonorrhœal ophthalmia in a baby or child, the hands should be loosely tied down to prevent rubbing of the infected eye and spreading the infection; all discharge should be kept carefully wiped away with clean pieces of cotton-wool. The precautions for the household and herself are much the same as for syphilis, except that eating utensils need not be rigorously separated unless there is a purulent discharge from the eyes.

3. Chaneroid (soft chancre) is the least serious of the venereal diseases. A small nodule is the first manifestation; this rapidly breaks down into a deep, painful ulcer with a highly-contagious discharge. If neglected, the ulcer will spread and become multiple, the glands in the adjacent parts will be affected, and a tumour called a "bubo" will be found in the

groin. But if soft chancre is efficiently treated from the outset these sequelæ should not appear, and it should be cured in about eight weeks. A nurse attending such a case should be just as careful about disinfecting, or burning, linen soiled by discharge as she would be in a case of syphilis. If there is a "bubo" requiring surgical treatment she will, of course, see that no infectious material is thrown carelessly away, but will burn all that can be burnt, and carefully boil for ten minutes any instrument used by the surgeon, also his rubber gloves, before allowing them to be replaced in his bag.

Any nurse contemplating nursing venereal diseases should procure, and study, "Morality and Hygiene," by Miss L. L. Dock. Knowledge is protection!

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. D. Fairbank, Miss D. James, Miss Macfarlane, and Miss M. O'Brien. Only a limited number of the papers sent in showed an adequate knowledge of the subject, which is evidently one concerning which more explicit teaching should be given in the training schools.

Miss Fairbank states that every precaution must be taken to ensure that the patient does not scratch, rub, or touch even, any sores which he may have, because he may infect other organs by conveying pus from one part to the other. A very satisfactory way of dealing with utensils is, she states, to keep a small zinc bath for this purpose, and if this is done, they can be boiled in it after use.

QUESTION FOR NEXT WEEK.

How would you nurse a case of tracheotomy, and what is your practice in regard to the care of instruments and tracheotomy tubes in these cases?

SAN FRANCISCO, 1915.

Do you realise, internationalists, that 1915 is the year after next, and that it will be here in no time? Evidently the San Francisco Exposition Managers are alive to the fact, as already we are receiving interesting advances concerning their projects. One paragraph states:—The Panama-Pacific International Exposition will be a fifty-million dollar enterprise. In the matter of site, exhibits, and artistic conception it will be vastly greater than any World's Fair that has been held elsewhere. Here in a week can be studied the world's progress as it could not be in a year of travel. But we must defer till next week telling you of all the wonderful arrangements in train for your astonishment and delight.

A HISTORY OF NURSING.*

II.

THE GROWTH OF NURSING IN THE UNITED STATES.

In the chapter on the growth of nursing in the United States Miss Dock tells a story of extreme interest. In a former volume we have the history of the foundation of the first training schools; the present volume tells how, after the success of training schools had been proved, the pioneer institutions were called upon to send their graduates far and wide to initiate similar methods.

The work of reconstruction in the hospitals was taken up and carried to success in by far the majority of instances by volunteer training school committees, composed largely or entirely of women, who over and over again pushed their way in the face of opposition and disbelief.

In some instances they were dismissed with thanks by hospital directors as soon as their work was running smoothly with value proved.

The pioneer nurses had to contend with almost incredible conditions. "They found dirt and disorder to be almost universal. Vermin and infection were common, even in pretentious buildings. Immorality was frequent. Coarseness and vulgarity they often met, and went well armed with moral force and intrepidity. Extraordinary customs and conditions existed. In one beautiful and wealthy hospital, the morgue table was used for operations, though Lister had announced his theories. In another, all the small rooms built for special free cases were filled with the mistresses of the city board of aldermen." Nurses' working hours were from four in the morning until ten at night, and it is small wonder that "the trained women who plunged into this public house cleaning were so absorbed in it that to them, for a time, the outer world ceased to exist. . . . When order had been restored and time came for constructive work, they with one accord, the country over, took up the problem of giving their pupils ampler teaching, and a more careful preparation than they themselves had had. It may be confidently asserted that never in a modern country has a more disinterested and useful civic service been performed by women than this regeneration of hospitals by women's boards and nurses during the last three decades of the nineteenth century. In all estimates of the value of skilled nursing by women of education, only half the subject is considered if the immense moral uplift that they

* Messrs. G. P. Putnam's Sons, 24, Bedford Street, Strand, W.C.

have given to institutions be forgotten or ignored." Foremost amongst those who died in the service Miss Dock mentions Louise Darche, who lost reason and life through the terrible struggle with the "spoils" system, and other Bellevue nurses, all except one being Canadians.

It is interesting to learn that the first professional journal of nursing made its appearance in 1886. "It was a monthly called *The Nightingale*, and was promoted and edited entirely by Sarah Post, M.D., a Bellevue nurse who had taken a medical degree. Not without opposition was it founded. Criticisms were published, pointing out that a magazine for nurses was 'uncalled-for, improper, and capable of doing harm.' Nevertheless, during the few years of its existence, it maintained an excellent standard of news and ethics, and remains an interesting source of reference."

Miss Dock refers to the question of the training school run for gain, a more acute question in America than in this country, and reports the remark of a member of a State examining board that "the multiplicity of small hospitals owned by medical men, where training schools are maintained for strictly commercial purposes, is the greatest problem that confronts us." The situation, she says, "gives room for wonder whether it is not time for the medical profession to add a new article to its code of ethics, to the effect, namely, that private speculation in nursing education more or less bogus should be considered as no more honourable than the same traffic in medical education."

STATE REGISTRATION.

The pages in which are related the history of the Registration movement in the United States should be closely studied, for organization on these lines has advanced further there than elsewhere, and such study will be well repaid.

We learn that "the first definite steps looking towards State Registration were taken almost simultaneously, yet quite independently, by Miss Sophia F. Palmer in Rochester and Miss Sylvien Nye in Buffalo."

The splendid work of the nurses through their State Organizations is put on record, and shows what determination and professional spirit can accomplish. It shows also that the opposition in every case comes from those interested in maintaining inadequate standards. The first Bills were passed in 1903, that for North Carolina being the first. When the New Jersey Bill was passed, over which there had been a keen struggle, there was a rumour that the Governor was being pressed to veto it. "A nurse who by her services to a patient had

gained the gratitude of a prominent man, hastened to him with the bad news "Oh, Judge—the governor is going to veto our Bill." "H'm! Going to veto it, is he? He'll sign it if I have to stand over him with a gun." The Bill was signed.

In Virginia, violent opposition was subdued by tactful handling and good lobbying, and by the opportune appearance of forty odd nurses upon the floor, when a chivalrous member declared, "I have met the enemy, and I am theirs."

In Maryland, where an excellent Bill was passed, physicians of the highest standing endorsed the nurses' demands, and a striking remark at one of the meetings by Dr. William Welch deserves quotation.

"You have to consider exactly how to proceed to secure the State Examining Board. I noticed that in several of the States the law was almost imperilled by efforts to secure the presence of physicians upon these examining boards. Now I am quite sure that it is not the function of the physician to examine the nurses. The nurse should not go forth without having come under the guidance of the physician, but your profession is a skilled profession which requires special knowledge possessed by the trained nurse and not by the physician. Akin as the professions of medicine and nursing are, they are still distinct professions, and there is no necessity, in my opinion, and there are certain disadvantages, in the requirement that physicians should be members of the nurses' examining board." We wonder how many medical men in this country would be prepared to go as far. Yet if a medical man of standing were to submit himself to examination by a trained nurse in the details of practical nursing, in which he is prepared to act as examiner, he would, we believe, in most instances not secure a pass.

In Colorado the only opposition to the Bill came from "the man who had a training school in Pueblo, who knew how to train nurses in six weeks."

In Georgia we read that the nurses met with a sad lack of chivalry from medical men, none of whom helped them, and the medical profession was circularised against the Bill by the State Medical Society, the letter urging:—

"It will work a great deal of inconvenience to the medical profession, and to the general public, by cutting off the supply of available nurses; by putting them in a position where they can be very independent and refuse work when they wish too, and by increasing prices.

It will also interfere with the training of young women from good families in the State, that have been unfortunate in their education—thus shutting off the supply of pupil nurses to sanitariums. The latter will, therefore, be forced to employ expensive nurses, thus increasing the outlay of each of them to several thousand dollars a year."

In Indiana medical opposition also was keen, and amongst other objectors Dr. Beates shuddered at the "hard visaged, iron jawed, close-fisted, selfish leaders of the nurse-opathic crowd," and looked for the day when R.N. should signify "Retired Nurse"—occupation gone!

The Massachusetts nurses also had a hard fight, and the *American Journal of Nursing* recorded. "No group of nurses in their efforts for registration had to meet such bitter opposition from physicians of high standing."

A FASCINATING STUDY.

Little space is left to refer to the general history in the States; it is a fascinating study, and we commend our readers to the History itself. The story of the foundation of the *American Journal of Nursing*, with its splendid subsequent record, and of the *Nurses' Journal of the Pacific Coast* is told. The efficient Red Cross organization, and Miss Maxwell's splendid work in the typhoid camp at Chickmauga, in the Spanish-America War, are related, and Miss Maxwell's graphic description of the way in which she combatted the difficulties reminds us of the example of her illustrious predecessor in the Crimea. "The beds made ready, the cars containing utensils arrived, and it was decided to receive 200 patients on the second of August. . . . Their condition on arrival can be better imagined than described. Many were wildly delirious, their burning bodies in a filthy condition, dead flies were found embedded in the coatings removed from their mouths, and there were numbers of bedsores of a magnitude unknown at the present day." When informed by the commissary that it was after six and no utensils could be unpacked till the next day she informed the authorities that she would open the cars by force, if necessary, rather than expose the already overworked nurses to the dangers of infection.

An interesting comment on the visiting nurse is that where she is closely subordinated she remains a strictly ameliorative agent submitting silently to unjust conditions, but where she is able to exert initiative her work is preventive.

M. B.

THE SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES AND ST. BARTHOLOMEW'S HOSPITAL.

The following correspondence has passed between the Hon. Secretary of the Society for the State Registration of Trained Nurses and the Committee of St. Bartholomew's Hospital on the question of freedom of speech for the Nursing Staff, within the hospital, on their Registration by the State.

The Society for the State Registration of Trained Nurses,

431, Oxford Street, London, W.

January 20th, 1913.

SIR,—I am directed to say that it has been brought to the notice of this Society that a Resolution has recently been passed by the Committee of St. Bartholomew's Hospital depriving the Nursing Staff of freedom of speech concerning their Registration by the State, which affects their educational, economic and social status, thus denying them the power, within the institution, of discussing their own professional affairs.

I shall be obliged if you will confirm or deny this statement.

I am, Sir,

Yours faithfully,

MARGARET BREAY,

Hon. Secretary

(*Cert. St. Bartholomew's Hospital*).

Thomas Hayes, Esq.,

Clerk to the Governors

of St. Bartholomew's Hospital.

St. Bartholomew's Hospital,

January 23rd, 1913.

MADAM,—In reply to your letter of the 20th instant, I beg to say that the Resolution passed by the Committee of this Hospital on the 5th ult. does not, either in intention or effect, deprive the members of the Nursing Staff of freedom of speech on the question of the State Registration of Nurses or on any other subject.

The Committee's decision is merely that meetings for the discussion of controversial subjects cannot be held in the Hospital.

The Governors have never desired to influence or control the opinions of those in their service, who are absolutely free to hold any views they like; and, outside the Hospital, to hold or attend meetings for the discussion of this or any other subject.

I am, Madam,

Yours faithfully,

G. ACTON DAVIS,

Acting Treasurer.

Miss Margaret Breay,

Hon. Secretary,

The Society for the State

Registration of Trained Nurses,

431, Oxford Street, W.

The Society for the State Registration of Trained Nurses.

431, Oxford Street, London, W.

January 25th, 1913.

SIR,—I beg to acknowledge your letter of the 23rd ult, in reply to one addressed by me, on behalf of the Society for the State Registration of Trained Nurses, to the Clerk to the Governors of St. Bartholomew's Hospital.

I understand from your reply that, while the Committee of the Hospital realise that they have no control over the members of the nursing staff outside the Hospital, within the institution they are prohibited by the resolution passed by the Committee on the 5th ultimo from holding a meeting to discuss the subject of State Registration of Nurses, although, on a number of occasions in the past such meetings have been permitted in the Nurses' Home, and the privilege has always been used with the greatest circumspection and discretion.

I enclose for your information the copy of a Resolution which is being sent officially to the Committee of Treasurer and Almoners.

I am, Sir,

Yours faithfully,

MARGARET BREAY,
Hon. Secretary,

G. Acton Davis, Esq.,
Acting Treasurer,
St. Bartholomew's Hospital, E.C.

The letter from the Acting Treasurer is, in our opinion, both contradictory and calculated to convey a wrong impression. We must not allow any ambiguity of words to divert our attention from the fundamental question in dispute—*i.e.*, the deprivation of the nursing staff of St. Bartholomew's Hospital of the long-established privilege of considering, within the gates, the question of their registration by the State—legislation which proposes to deal with their educational, economic, and social conditions.

The refusal of the Committee to grant permission for the nurses to hold a meeting to discuss this question classes it, in their estimation, as "controversial," and, however it may be denied, does, both in "intention and effect," deprive the nursing staff of freedom of speech.

We have received a very large number of letters from medical men and members of the public on this question, and with few exceptions they are entirely in sympathy with our contention—that this attempt to stifle the professional conscience of nurses is absolutely indefensible, and can only react injuriously upon the Nursing School and the reputation of the hospital.

THE PROTEST MEETING.

FREE SPEECH DEMANDED.

A special meeting of the Society for the State Registration of Nurses was held at 431, Oxford Street, on Thursday, January 23rd, to enter a protest against the denial of freedom of conscience and free speech to the nursing staff at St. Bartholomew's Hospital, on the question of their Registration by the State.

The President, Mrs. Bedford Fenwick, was in the chair.

Mrs. Fenwick, in her explanatory remarks, said the meeting had been called, by request, to deal with a question of liberty of conscience on the subject of State Registration of Nurses, and a resolution would be proposed by Miss Ellen Kingsford and seconded by Miss Margaret Breay, nurses holding the certificate of the hospital in question. She then briefly reviewed the circumstances of the case. All present, she said, were fully aware that, for a quarter of a century, the privilege of free speech on their own professional affairs had been conceded by the authorities at St. Bartholomew's Hospital to the Nursing Staff within the gates. Thus through the whole period in which nurses have been petitioning Parliament that the standard of nursing should be defined by State authority, they had met, passed resolutions in support of Registration, and conducted their meetings with the greatest circumspection and discretion. When, therefore, a Sister had recently asked the Matron, Miss McIntosh, for the use of a room in the Nurses' Home in which to discuss the question, she was naturally astonished that her courteous request was not granted. The Matron, however, agreed to place the request before the Committee, and that body unanimously refused it, and placed such refusal on the minutes in a sweeping resolution, which determined that meetings for the discussion of controversial subjects cannot be held in the hospital: a determination which reversed the honourable policy of the past in relation to the nursing staff, which was conveyed to them by the Matron.

Here no doubt it was expected the matter would end. But not so. Resenting this evidence of a dangerous and reactionary policy on the part of the officials and Committee, the matter was reported to the BRITISH JOURNAL OF NURSING, with the request that publicity might be given to the matter. The ventilation of the grievance through the press had resulted in the Committee calling a meeting of the

Sisters, and assuming entire responsibility for the Matron's action in ignoring precedent; the Acting Treasurer, Mr. G. Acton Davis, a member of the Central Hospital Council for London, informing them that the Committee had unanimously decided to refuse the request, and had inserted a resolution on the minutes, prohibiting meetings in the hospital for the discussion of controversial subjects.

The fact was that, so long as that resolution remained on the minutes unrescinded, liberty of conscience and free speech were specifically denied to the nurses within the gates at this public institution, and not only a great professional but moral injury was inflicted upon them.

The Committee had publicly assumed responsibility for the grievance complained of. The resolution of protest would therefore deal with its action, and not that of the Matron, who had been considered primarily to blame. Mrs. Fenwick then called upon Miss E. B. Kingsford to propose the resolution.

THE RESOLUTION.

Miss Kingsford proposed the following resolution:—

"That this Meeting learns with indignation and regret that the Committee of St. Bartholomew's Hospital have deliberately forbidden the Nursing Staff to meet and discuss in the Hospital a matter of the deepest importance to their profession and to themselves, viz.: the Registration of Nurses by Act of Parliament, thus depriving them of the much esteemed privilege of free speech, previously unquestioned.

"This Meeting recalls the facts that this movement for the improvement of Nursing education, and for the protection of the sick public against incompetent and criminal women, who can now practise as nurses without let or hindrance, has the support of the large majority of the medical profession in the United Kingdom:—that it has been fully considered for two Sessions by a Select Committee of the House of Commons, which unanimously recommended legislation for the purpose;—that a Bill to provide for Nurses' Registration was, in 1908, considered by the House of Lords, and finally passed through every stage with the cordial consent of both sides of that House;—that this Bill has been for 6 years introduced into the House of Commons, and backed and warmly supported by every section and party in that House;—and that within the last 20 years Acts for the Registration of Nurses have been enforced in many British Colonies, in 34 of the United States of America, in the German Empire, and in Belgium to the great improvement of nursing, and the consequent welfare of the sick.

"This Meeting claims that the Nurses employed by Hospitals are not thereby dispossessed of the elementary rights of British Subjects, and indignantly denies the right of Lord Sandhurst, the

Treasurer, and the Committee of St. Bartholomew's Hospital, to deprive the nurses of that institution of their inalienable right to freely discuss matters of supreme interest and importance to themselves and to their profession, and calls upon the Governors of St. Bartholomew's Hospital to expunge from the minutes of that institution, the record of a decision, upon the part of the Committee, as injurious to the reputation and interests of the charity, as it is ungenerous towards its Nursing Staff.

"Moreover, this Meeting confidently appeals to the public and the press to support trained nurses in protesting against such intolerable injustice."

Miss Kingsford said that she knew many would like to be entrusted with this duty whose hands were tied, so she voiced the righteous indignation which many felt. As a nurse she had never received a greater insult than when she learnt that the Committee of her old Training School had refused to allow the nurses to hold a meeting at the hospital to discuss the question of Nurses' Registration. Nothing which any members of the Society could do was too much to emphasise the expression of their indignation. The work of nurses was for the betterment of the world and of humanity, and that they should not be permitted to meet and discuss a subject which affected their professional life at every point was monstrous. She could not find words to express what she thought about it. The whole episode made her realize more vividly than ever, how much Bart.'s nurses of former days owed to the sympathy and wisdom of the great Matron under whom they were trained.

The Resolution was seconded by Miss Margaret Brey, who endorsed all that Miss Kingsford had said, and added that it was inconceivable that the members of the nursing staff might not have a meeting in their own Home to discuss a Bill which had been before the House of Commons for nine years, and which had passed the House of Lords, and might at any time become law. It was a Bill which intimately affected every detail of their professional life; it was not only their right, but their duty, to discuss it. The position of nurses differed from that of most professional and industrial workers, inasmuch as they "lived in," and, as they worked for long hours, if they were to attend a meeting in any numbers it must be arranged, on the spot, at an hour when they could attend. She believed that when the facts became known the nurses would have the sympathy and support of every unbiassed person in the three kingdoms.

Miss Beatrice Kent, who supported the Resolution, said that free speech was a lawful thing. If it was an unlawful thing the Com-

mittee had done, in attempting to suppress it, it ought to be questioned. She thought the subscribers should be memorialized, and the facts placed before them.

Other speakers warmly supported the Resolution, one pointing out the incongruity of the situation in a country where even Nihilists and Anarchists were permitted freedom of speech, so dearly was the privilege prized.

One speaker caused some amusement by suggesting that the Committee should make a schedule of "controversial" questions—revising it from time to time as occasion for suppression might require!

Before putting the Resolution to the meeting, the President said they must realise that, in opposing the reactionary policy now adopted by the Committee of St. Bartholomew's Hospital, they were opposing the inglorious anti-registration policy of the Central Hospital Council for London, which sat in secret and spun its webs for the subjugation of nurses. This affront offered to its Nursing Staff could not be limited to them alone. It was the result of a line of action long determined and which crystallised in the appointment of a Matron whose professional opinions were ascertained to be in direct opposition to the conscientious convictions held and expressed by the Nursing Staff which she was appointed to control. Never had there been evidence of a more cruel use of power by any hospital committee of men, over a body of professional women under their jurisdiction. Such arbitrary use of power brought its own revenges, and in prosecuting this policy the Committee of St. Bartholomew's Hospital had aroused a burning sense of indignation in those nurses certificated in their school, and now free from their jurisdiction, and amongst their friends, which she had no doubt would provide the motive power to drive forward with irresistible energy the demand of trained nurses for registration and State protection.

So shocked was one Member of Parliament on learning of the denial of free speech at Bart's, that, unsolicited, he interviewed several members of the Cabinet on the question, and was astounded to find that no Government Department had any authority over, or power to deal with, the authorities of the voluntary charities.

The governors of these charities were above and beyond the law in relation to their employees. The futility of any protest from voteless women bound by a one-sided contract in the service of a male autocracy might be imagined. The voluntary hospitals were no longer merely

charities for the relief of suffering, but huge business concerns employing in many instances very cheap labour for profit—and this latest ukase at Bart's was proof of how they might be treated without power of appeal. She claimed that if such intolerance were possible in the premier royal hospital in the Empire, it was high time public opinion was roused to make it impossible. It was imperative that an Act of Parliament organizing the profession of nursing, and protecting the worker and the patient, should be placed upon the Statute Book at the earliest possible date.

Mrs. Fenwick concluded: "We are here today to claim the right of every nurse who is a British subject to such freedom of conscience and speech inside every public institution in our land, as men have claimed and possess, in their relation to the body politic, and which it is their duty to possess and to exercise.

"We specially claim that that resolution which now disgraces the records of St. Bartholomew's Hospital, forbidding discussion to the Nursing Staff within the gates on all "controversial" questions, be expunged by the Governors as tyrannical in intent and immoral in effect. It places the Nursing Staff in an undignified and intolerable position, and is moreover an insult not only to the profession of nursing, but to womanhood at large."

Mrs. Fenwick's speech was acclaimed with loud applause, and upon putting the resolution to the meeting, the request was made that the record be taken by an uprising vote, whereupon all present arose and carried the resolution unanimously and with enthusiasm.

ELECTION OF NEW MEMBERS.

Forty-five new members were then elected, and it was agreed, for their protection, that their names and certificates be not published in the *BRITISH JOURNAL OF NURSING*, the official organ of the Society.

MARGARET BREAY, *Hon. Secretary.*

THE POOR LAW INFIRMARY MATRONS' ASSOCIATION.

The quarterly meeting of the Poor Law Infirmary Matrons' Association was held, by kind permission of Miss Cockrell, at the St. Marylebone Infirmary on January 25th.

The principal business of this meeting was the drafting of the new rules of the Association. Questions had been sent in by some of the members which led to interesting discussion.

We wonder if any of those questions were "controversial"!

NURSES AND THE INSURANCE ACT.

On Monday last a meeting was held at Winchester House, E.C., when it was decided to form an Association of Approved Societies to protect the interests of all classes of insured persons. In supporting the movement, Mrs. Bedford Fenwick pointed out that there was no provision in the Act to provide for an efficient standard of nursing for the insured sick, and it was most important that their interests should be protected in this direction—or a very shoddy standard of nursing might be thrust on them by ignorant Insurance Committees. A motion by Miss Chrystal Macmillan, that not less than four women should be elected on to the Provisional Committee was outvoted by the large majority of men present; but ultimately Mrs. Fenwick, to look after nursing interests, and Mrs. Erskine Loch were elected on to the Committee, which was directed to prepare a constitution for submission to a further meeting on April 4th.

A NURSES' DEFENCE UNION.

Any of our readers who wish to hear further of Mr. J. S. Pollitt's suggested scheme to form a National Association of Nurses should communicate with him at the County Bank House, Blackburn. In our opinion no National Association of Nurses will succeed until a trained nurse is defined by State authority. What is needed at the present time is a Union of Nurses for self-protection. Such a Union, if formed, would in no way duplicate work already done by other societies of nurses, and would be needed as much as at present even if nurses were registered. Recent events have proved that nurses are in a very helpless position. Such a Union, if thoroughly well managed, would be exceedingly useful. But have nurses either the energy or desire to form and manage a Defence Union? We wonder!

PROGRESS IN GERMANY.

Our German cousins are not allowing the grass to grow under their feet. The best bit of news is that the Leipzig *Frauen Hochschule* is now open, where the course available for the nurses is much on the lines of those so successful at Teachers' College, New York. The first class numbers five nurses, and Sister Agnes Karll is to deliver a series of lectures on nursing history. No doubt in time she will complete her monumental work for the progress of nursing in Germany by translating the third

and fourth volumes of "A History of Nursing," just published. The first and second volumes, translated into German by her, have already a very wide sale in the Fatherland. Apropos of this wholesome thirst for knowledge, the Japanese delegates to the Cologne Congress, when working at St. Thomas' in London a few weeks later, were astounded that here in England the nurses of Miss Nightingale's hospital knew nothing of the History, and had never seen it! In Japan it is likely to become a standard work.

NURSES' SOCIAL UNION IN SOMERSET.

The Somerset Branches of the N.S.U. are this month holding meetings in their various centres for the purpose of electing their new committees and officials for the year 1913. These meetings are being well attended, and in many instances Miss Symonds, the new County Organiser, has been able to be present and make acquaintance with the many members. The beautiful illuminated address and sketch of the bureau presented to Miss Joseph on her retirement from the post of County Organiser, which she has so ably filled, were on view, and a most grateful letter of thanks from her was read.

The Bridport Branch met at the Girls' Club, 9, Castle Street (by kind permission of the committee) on Friday, January 10th. After the business had been transacted, a most interesting and instructive demonstration-lecture on Invalid Cookery was given by Miss du Sautoy, late superintendent S.C.N. Association and Inspector of Midwives.

The Taunton Branch held their annual meeting on January 11th, at 10, Elm Grove, by the kind invitation of Miss du Sautoy. After the business had been transacted, Mr. A. Sweet, solicitor, opened a discussion on some points of law as they affect nurses. Papers on "Agreements and Contracts," "Libel and Slander," "Wrongful Dismissal," and "The Bribery and Corruption Act," written by experts for the N.S.U., were read and explained by Mr. Sweet. As Miss du Sautoy was shortly leaving to take up the post of Inspector under the Queen Victoria Jubilee Institute in Wales, a warm vote of thanks was passed to her for the help she has rendered to the N.S.U.

The annual meeting of the Weston-super-Mare Branch was held at the Club Room on January 14th, when a very satisfactory balance-sheet was passed, the treasurer having a balance of £5 17s. 8d. in hand. Much appreciation was shown for the help Mrs. Gibbs, the local organiser, has given to the branch. She was unanimously and heartily asked to continue in the post.

After tea a small sub-committee was elected and notice was given of Dr. Marsden's lecture on January 28th at 3.30 p.m. A lecture by Miss Symonds has been promised at an early date.

APPOINTMENTS.

LADY SUPERINTENDENT.

Thompson Memorial Home for Incurables, Lisburn.—Miss Zillar Jones has been appointed Lady Superintendent and Matron. She has been on the staff of the Royal Scottish Nursing Institute, Edinburgh.

SISTER.

Devonshire Hospital, Buxton.—Miss H. Mallinson has been appointed Sister. She was trained at the Royal Infirmary, Derby, and has held the position of Sister at the Essex County Hospital, Colchester, and the General Hospital, Great Yarmouth, and of Night Sister at the General Hospital, Cheltenham.

The Infirmary, Birmingham.—Miss E. M. Lovatt has been appointed Sister. She was trained at the Salop Infirmary, Shrewsbury, and the County Fever Hospital, Halifax, and has been Charge Nurse at the Corporation Sanatorium, Scartho, Grimsby, and has also had experience of private nursing.

SUPERINTENDENT NURSE.

Worcester Union Infirmary.—Miss Mary E. Williams has been appointed Superintendent Nurse. She was trained at the West Ham Infirmary, and has since been Charge Nurse at Medway Union Infirmary, and Sister at Wirral Union Infirmary.

HEAD NIGHT NURSE.

York Union.—Miss Daisy Whitton has been appointed Head Night Nurse. She was trained at Hartlepool Union Workhouse Infirmary, where she was Charge Nurse. She has also gained experience in private nursing at the Granville Road Institution, Newcastle-on-Tyne, and she holds the C.M.B.

SCHOOL NURSE.

Education Committee, Staffordshire County Council.—Miss Lily E. Smith has been appointed School Nurse. She has received training in Manchester and London, and is a certificated midwife.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

ASSISTANT SUPERINTENDENT.

Miss Mary Elizabeth Stevenson is appointed to Worcester as Assistant Superintendent. She received General and Midwifery Training at the Bradford Union Hospital and District Training at Cardiff, and has since held the following appointments: Queen's Nurse, Treorchy and Superintendent, Newport. She has also held appointments as Sister at the New Infirmary, Wolverhampton, and at the Military Families Hospital, Chatham, and has had experience in private nursing.

TRANSFERS AND APPOINTMENTS.

Miss Rosalie Chadwick is appointed to Loughborough; Miss Lilian Coulson, to Loughborough; Miss Emmeline Denby, to Paddington; Miss Maude Somers, to Bognor.

SERVICE BEYOND THE SEAS.

Miss Annie Caroline Robins, a probationary Sister on the staff of the Registered Nurses' Society, has received a cable from Miss Orr, Matron of the Auckland Hospital inviting her to go to New Zealand at the earliest possible date, where an appointment with a rising salary of £100 a year awaits her. She will leave for New Zealand in the middle of February. Miss Robins was trained and certificated at Guy's Hospital and has held under Miss Orr the position of Sister and Assistant Matron at the Taunton and Somerset Hospital, Taunton, she also holds the C.M.B.

RESIGNATION OF MISS ELSTON.

The resignation of Miss Elston, the organiser and Directrice since 1904 of the Nursing School of the Tondeu Hospital at Bordeaux, has been received with the deepest regret, not only by the Civil Authorities which control the hospital, but by the eminent medical staff, and by the highly trained and efficient nursing staff. Miss Elston has accomplished a really quite wonderful bit of pioneer nursing work in France, and by her great devotion to duty, tact and *esprit*, has disarmed all hostilities and overcome all difficulties. To-day the usefulness of the institution is widely recognised and its organisation admired and imitated, and on the crest of the wave of success Miss Elston considers the time has come to retire, and place the future control of the school in the hands of a French successor, trained by herself, who can carry on its splendid traditions. This in itself is a great thing to do. How few of us recognise the power and right of others to succeed us, or can rise above personal considerations. Miss Elston is to be most warmly congratulated that Mlle. Gallienne, one of her own most capable pupils, who holds the diploma of the school, and who has for some months held the position of assistant directrice, has been selected by the administration of the Civil Hospitals in Bordeaux to succeed her as Directrice. We hope Miss Elston will not rest upon her well-earned laurels. The Nursing profession cannot afford to lose women of her fine character and capacity from active work in its ranks.

NURSES' MISSIONARY LEAGUE.

A course of lectures will be given by Dr. H. Gordon Mackenzie at 33, Bedford Square (by kind permission of the Misses Gregory) on Tuesday, February 4th, 11th, 18th and 25th, at 3 p.m., on—

1. The relation of the world of work to modern thought.
2. The religious value of materialistic scepticism.
3. Old problems in new forms, and the Christian theory of life.
4. The claims of Christ on the things that matter.

Non-members and non-nurses, who should apply for tickets to Miss Richardson, 52, Lower Sloane Street, S.W., will be welcome.

NURSING ECHOES.

Miss Counsel and Sister Montgomery, of the Fever Hospital, the two ladies who were sent by Blackburn branch of the Women's Sick and Wounded Convoy Corps to join the unit of the Corps who went out to the Balkans a few months ago, have arrived home safely. Both ladies have numerous mementoes presented to them by their patients in the Near East. There is one gift above all which Miss Counsel says she cherishes, and that is a miniature ambulance outfit presented as an appreciation of her work by the Queen of Bulgaria.

Miss L. L. Dock has presented the new volumes 3 and 4 of "A History of Nursing" to the International Nursing Library, a gift which completes the set of four thus generously donated by her. In her lavish way she presented the two first volumes to many friends and nursing schools; then the financial loss was her own; now that she has made over to the International Council of Nurses certain royalties on the two last volumes issued, she will not be able to distribute them wholesale, this from no diminution of generosity, but because the more sold the better for the finances of the International, which needs support to carry on its great educational and humanising campaign.

The action of the Shirebrook district nurse in refusing to dress the injuries of the little boy, Walter Siven (4), of Portland Street, Shirebrook, who died as the result of burns, and whose death Dr. Joyce partially attributed to improper dressings, was discussed at a meeting of the Shirebrook Nursing Association. The parents of the child had not subscribed to the association for five years, and in refusing to treat the case the nurse was only carrying out a rule of the association which the committee had directed her specially to enforce. The members expressed complete confidence in the nurse and their satisfaction in the way in which she discharged her duties, and decided to bear the whole of the responsibility themselves. In our opinion they could do no less. A resolution was also passed instructing the nurse to respond to all calls for treatment, but, except in needy cases, not to make further visits unless the patients become subscribers to the association.

The Executive Committee of the Scottish Branch of Queen Victoria's Jubilee Institute for Nurses has adopted the following resolution:—

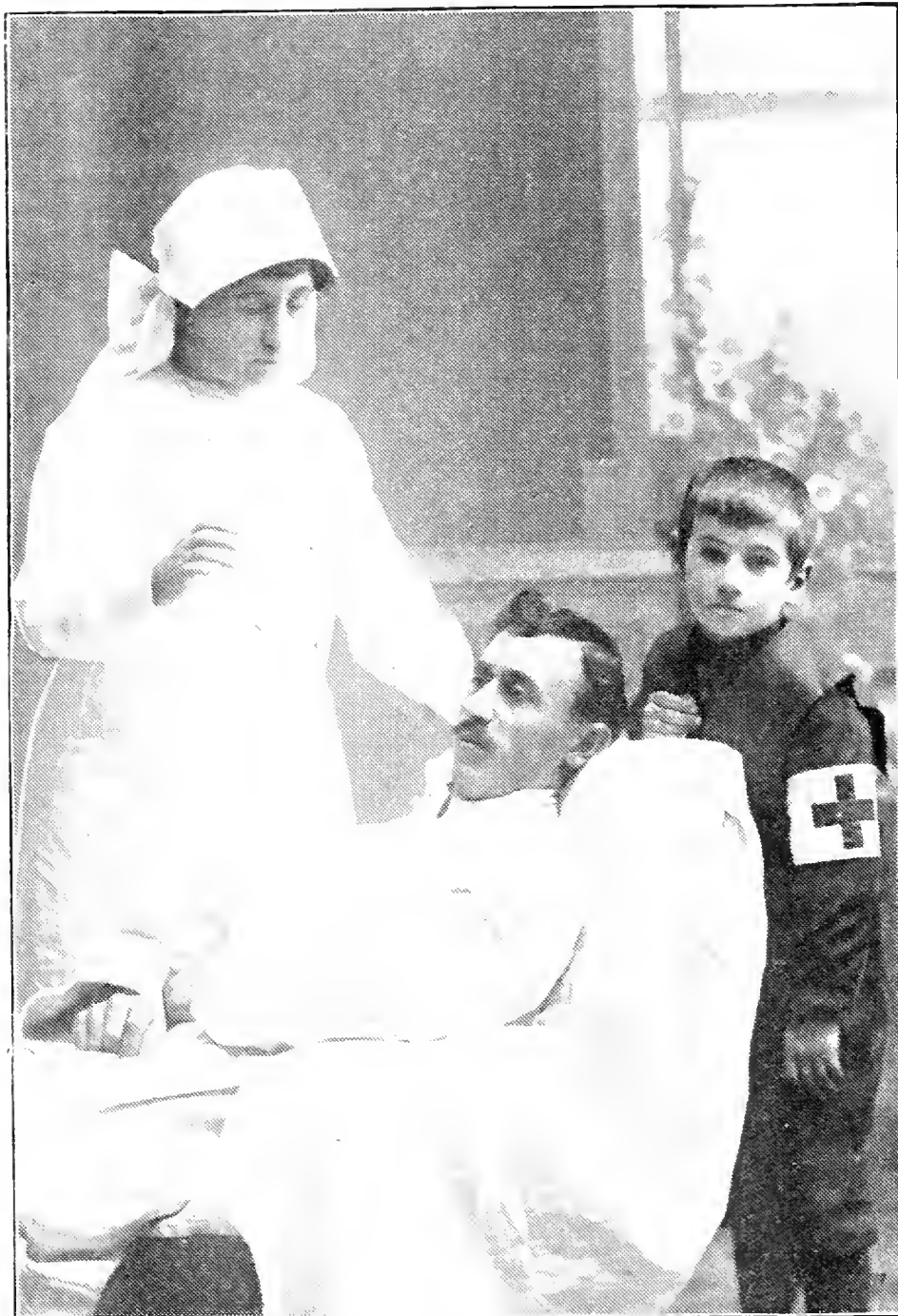
That, in view of the terms of the report of the Highlands and Islands Medical Service Committee

and of the expression of approval of the work done by Queen's Nurses in the Highlands and Islands, following on similar expressions in the reports of the Departmental Committee of the Local Government Board for Scotland (1904), and of the Royal Commission on the Poor Laws and Relief of Distress (1909), the Executive Committee of the Scottish Branch of Queen Victoria's Jubilee Institute for Nurses urges that the claims of these nurses may be recognised in the allocation of any Government grant towards the support of medical service in the Highlands; that copies of the above resolution be forwarded to the Chancellor of the Exchequer, the Secretary for Scotland, and to the Chairman of the National Health Insurance Commission for Scotland.

At the quarterly meeting of the Scottish Council the report on the past three months' work was submitted. It showed that the Council were directly responsible for eight Queen's Nurses and twenty probationers receiving instruction in the Training Home. Miss White had taken up her duties as superintendent of the Training Home in succession to Miss Philp. Seven nurses had completed training, and had been engaged by local committees at Clydebank, Tollcross, Campbeltown, Blackridge, Kelso, Dunbar, and Strathaven. Two new branches had been affiliated—viz., Kelso and Blackridge. Ninety-two visits of inspection had been paid, and reports thereon had been received by the Executive Committee. One thousand six hundred and ninety-two cases had been nursed in Edinburgh by the nurses from the Training Home, involving 31,330 visits, and 530 cases remained on the books at the end of the quarter. Donations received amounted to £61 3s., subscriptions £106 3s. 3d.

At its recent meetings the National Council of women in Germany passed some strong and very useful resolutions on nursing matters, emphasizing the necessity of organization, and demanding the adjustment of professional grievances. Sister Agnes was to the fore, full of wise suggestions.

The charming picture, for which we are indebted to the kindness of the Editor of the "Woman's Platform" in the *Standard*, is typical of the part that Servian women are playing in the war in the Near East. It represents the hero of Rumanovo, who had seven wounds, with his nurse, Mme. Markovica. The small boy is also a volunteer nurse. The correspondent of our contemporary says: "Servian women have never shown so much activity, sacrifice, and energy as during the



THE HERO OF RUMANOVO AND HIS NURSE, MME. MARKOVICA.
THE LITTLE BOY IS A VOLUNTEER NURSE.

Balkan war. They have proved their extraordinary tenacity, as well as deep patriotism."

Kai-Tiaki is quite mistaken in its supposition that THE BRITISH JOURNAL OF NURSING discourages the right type of nurse from emigrating. Wherever women are enfranchised, as they are in New Zealand, we think the right type will find a sympathetic environment, and shall be pleased to encourage such emigration. But many of the ill-educated girls who are now admitted for training in many hospitals—owing to the shortage of the well-educated, valuable women to be obtained in the past—are quite unfit for the strenuous, sensible life in our Colonies. These young women are far too "fine" to realize how honourable is labour, and their one idea is to get off duty and have a good time. This type of person is always "anti"—anti-suffrage, anti-registration—intolerably parasitic. She is no use as an Empire builder. We don't advise her to emigrate because we want the Dominions beyond seas to have our best, and not the poor things who bring no credit on the Old Country.

We learn that Governor Sulzer, of New York State, is shocked at the condition of health and sanitation in the State, and that, as it is his ambition to make it the healthiest State in the Union, he has appointed a commission of experts with broad powers to investigate and recommend measures for improvement. Associated with the eight men who form this Commission is Miss Adelaide Nutting, of Teachers' College, who is the only lady placed on it. A host in herself, we hope she will render invaluable service. Governor Sulzer has learned since he took office that, owing to the pollution of streams and failure to apply the safeguards sanitary science suggests, many places in the State suffer epidemics of typhoid fever from one end of the year to the other. The toll taken by tuberculosis, diphtheria, and scarlet fever also has been heavy. The mortality among children less than two years old is large.

The Nurses' Home at the Johns Hopkins Hospital, Baltimore, is the richer by a portrait of Mrs. Hampton Robb, the first Principal of this famous training school, by Sergeant Kendall. The *Nurses' Alumna Magazine* states that no description can give any adequate conception of the grace and beauty of the picture, which represents Mrs. Robb, as she first appeared before a Baltimore audience, an embodiment of womanly vigour, with a charm of manner and a contagious enthusiasm which won all hearts.

REFLECTIONS:

FROM A BOARD ROOM MIRROR.

The Countess of Plymouth presided on Saturday at the third annual "At-home" of the Childer Chaine, in aid of the Belgrave Hospital for Children. Letters were received from the King and Queen and Queen Alexandra expressing thanks for calendars which had been sent to their Majesties.

The new Hounslow Hospital, to accommodate twenty-four patients, and which has cost £5,000, was opened last week by Princess Christian.

The Council of the British Hospitals Association has presented a memorial to the Chancellor of the Exchequer, in which it petitions that all such institutions shall be relieved from the action of the legacy duty, which, the petition declares, not only takes one-tenth of all bequeathments, but tends to act as a deterrent influence on intending benefactors.

The Queen's Hospital for Children, Hackney Road, has received a cheque for £331 7s. from the editor of *Little Folks* towards the funds of its seaside branch, the "Little Folks" Home at Bexhill.

We are always pleased to note the determination of hospital and infirmary managers to build new Nurses' Homes. At a meeting of Preston Board of Guardians recently the provision of a nurses' Home at Fulwood Workhouse was discussed, and it was decided to proceed with the provision of a Nurses' Home to accommodate thirty nurses, at an approximate cost of £3,000.

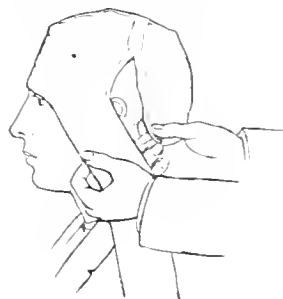
It has been decided by the Guardians to erect a new nurses' home adjacent to the Basford Workhouse, at the cost of £2,500, to accommodate ten nurses. Money well spent.

On the initiative of Mr. Leslie Scott, Mr. Dickinson, Lord Claud Hamilton, and Mr. Crooks, a memorial to the Prime Minister has been signed by many members of all parties in the House of Commons urging the Government to secure the passage of the Mental Deficiency Bill this Session, or, if that should be found impossible, to reintroduce it as a Government measure early next Session.

It is proposed to endow a bed in one of the Homes for Women at the Chalfont Colony for Epileptics, Bucks, as a memorial to Miss Louisa Twining. Her work for the betterment of the sick in hospitals and workhouse infirmaries is well known, but it is not so generally known how much the sufferings of epileptics appealed to her sympathies. She understood their disabilities, and, showing her sympathy in the practical form of the good Samaritan, took them into her own house. Her friends feel that no memorial would please her better.

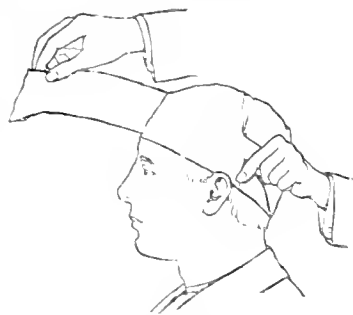
"TABLOID" BRAND ADJUSTABLE HEAD-DRESSING.

Everyone who has had to apply it, knows the disadvantages of the ordinary roller bandage, as a means of fixing dressings on a head-wound. It is difficult to put on; and difficult to keep in position. Of special interest and value, therefore, is



the "Tabloid" adjustable head-dressing, introduced by Messrs. Burroughs Wellcome & Co., which promises to abolish all troubles connected with bandaging the head. It consists of a cap, to fit over the head, with a length of bandage attached, for fixing it in position. A

pad of double cyanide gauze is supplied along with the head-dressing. This is applied to the wound (previously washed or otherwise treated); the cap is slipped over the head; the bandage portion passed round the back of the head, across the forehead, and back to the starting-point—where it is fastened with a safety-pin; and the thing is done. The



whole operation is exceedingly simple, and the result is excellent. The "Tabloid" head-dressing does not slip or readily become displaced, and it causes the patient little or no inconvenience or discomfort. For first-aid or field-use nothing more admirable could be conceived.



The "Tabloid" adjustable head-dressing, with its accompanying pad of double cyanide gauze and safety-pin, is issued in a package small enough to go in the waistcoat pocket; and well

maintains the reputation of "Tabloid" bandages. These compressed dressings are specially useful for export abroad. We once heard a Colonial medical officer say that the members of the firm of Messrs. Burroughs Wellcome & Co. richly deserved titular distinction, so much had their "Tabloid" drugs and dressings aided the efficient treatment of the sick.

LEGAL MATTERS.

A SAD CASE.

Several important lessons are to be drawn from the sad case of a mental nurse, heard at the London Sessions last week. The nurse concerned was Miss Ada Gertrude Missenden, for sixteen years in the employ of the London County Council at Claybury Asylum. She was charged with stealing over £60 worth of jewellery from a nurses' residential home, of which she was an inmate, and sentenced to four months' imprisonment.

The solicitor for the defence urged that she was engaged continuously on night duty at the Asylum for seven years, and found it extremely difficult to sleep in the day time. In consequence she took to drugs like veronal, and to drink. As a result she made a wrong report on one occasion, and was given the alternative of being reduced to the position of an ordinary day nurse or of resigning. She chose the latter, and *took up private nursing*. Between her cases she stayed in the Home above mentioned, where she obtained access to the wardrobes of other nurses by means of false keys.

Although it is impossible to condone the serious offences committed, we must point out that no nurse should be kept on continuous night duty with patients of any kind, and more especially with the insane, for seven years. Insomnia is the almost inevitable result, and with it comes the temptation to take drugs and drink. Once the drug habit is established, the moral sense becomes perverted, and untruthfulness and crimes such as theft follow. We think the London County Council would do well to decree that none of the nurses in its employ should be on night duty for more than three months at a time. Slack work, and wrong reports are the result of sleeplessness and overstrain.

We hope the public will note that when this poor woman left the asylum with the drug and drink habits established she gravitated naturally to the ranks of private nurses, and that pending the passage of the Nurses' Registration Bill there is no means of protecting the public from the ministrations of nurses who, whatever the cause of their downfall, are manifestly dangerous to the sick.

A JUST CLAIM.

Miss Newton, a maternity nurse, recently successfully claimed the sum of £2 2s. from the husband of a patient in the Oldham County Court, the balance of the amount of contract for services rendered. The plaintiff was engaged to attend the defendant's wife from May 21st, 1912, and the following four weeks. Her claim was that she reserved herself for four weeks from that date; the child was not born till June 15th. She had taken another case for June 20th. She stated in court that she had received a letter from the defendant stating that he was not aware of the terms upon which she was engaged, but whatever was wrong must be settled with his wife!

THE HOSPITAL OF THE BRITISH RED CRESCENT SOCIETY AT SCUTARI, (CONSTANTINOPLE).

Whilst we were still making the beds up in the wards, our first patient was brought in by some of our own staff. A regiment had just come back from the front and had put the wounded man in a waiting room on the Galala Quay, pending the arrival of someone in authority to say to which hospital he should be conveyed. There he was found by our men, and the Red Crescents in their uniform carried weight with what officials there were, and their permission to take him to Scutari was thus obtained.

Poor fellow! His left foot was all but shot away, and displayed a large shrapnel wound which was also gangrenous and in a bad state from neglect, the injury having been incurred at Chataldja five days before. At first it was thought impossible to save the foot, but we persevered with iodoform kept under carbolic, which gave excellent results, and though Abdullah was our first, he is likely also to be our last patient, as nothing but time can heal a wound of such dimensions. He has got very fat and flourishes exceedingly, and is very proud and pleased to be our patient. He walks about on crutches and smiles on the world generally and is eager to display his knowledge of English picked up from us, and consisting of two or three words.

The next patients arrived in a batch of forty, having been brought in by boat to Haidar Pasha landing stage and after having gone through the process of disinfection, they were carried up to us. The process consists in spraying each man as he passes with some solution which the Turks use very freely, and which I can say from personal experience on my journey into the interior, where they subjected us to the like treatment on alighting from the trains, is not at all pleasant. On admittance the rifles and ammunition were taken from the men and stacked in a place provided for the purpose. Knives, money were also given up, the latter counted, and each man given a receipt for the amount in his possession, which is handed back to him together with his knife on his going out of hospital.

Those least wounded were dressed at once, whilst the more serious were put to bed. Each man had a cup of hot soup and a piece of bread. Then the work of examination and dressing began, and it was a terrible and gruesome job. On the whole they behaved splendidly, and bore pain without flinching, though some of the wounds were of a very ghastly description. As soon as his wound was dressed each man lay down, drew his blanket over his head, and was seen and heard of no more till his next meal time, when he sat up, ate his dinner ravenously, and went promptly off to sleep again, absolutely worn out and exhausted. As soon as their condition improved the necessary operations were performed. We

found them take the anaesthetics easily and well, being very quickly under their influence without fuss of any kind.

Our hospital is established in a Government school, and is well adapted to our work. We reckoned to take about sixty patients, and it very pressed, an extra thirty. The staircase is wide, and the steps shallow, making it easy for stretcher-bearers. The hall is large with a stone paved floor, and has a deep cement trough with a dozen traps, along one side, where it is an ordinary sight to see the patients squatting, each in his cotton hospital tunic, and washing his hands in the running water, so necessary to the salvation of a good Moslem.

The dispensary, store-room, staff dining-room, and male staff dormitory all open off the hall, which on wet days it is not unusual to find almost filled with the cooks, their retinue and their charcoal braziers, although our staff cook is the proud possessor of an oven at the end of the garden!

The wards for infectious and suspicious cases are also on the ground floor, and are so arranged that those attending on them have no communication with any other part of the hospital. On the first floor there is a big landing running the entire length of the building, with big stoves at either end. Here the dressings are done from 8.30 a.m. till luncheon at one. Forms are provided along the different sides, each with a table for the dressings and instruments, each surgeon having his particular side. Those patients that are well enough come out from their wards, bringing their bed-cards with them, and sit down to wait their turn, each on his own side.

There are five large wards opening off the landing, and one small one as well as the theatre, and the Director's office. The lavatories are of the kind familiar to every traveller in the East, but which fill the European mind with dismay when beholding them for the first time, and are in no sense ideal for sick men.

The theatre is well equipped, and though not large, is very convenient and well lighted. Instrument trolleys we have none, their place being taken by empty packing cases covered with white American cloth. Our own operating table came out with us, and all pertaining thereto. Sometimes we had four and five amputations a day.

The great demand of every patient was water. Each had a large glass water-bottle beside him, which was filled hourly, but still they would help themselves whenever our backs were turned from the large stone jar which was kept upstairs. This became a very serious matter with the dysentery and cholera patients, and it was necessary to place a special guard to prevent this practice.

Their meals are simple, and served in bowls with spoons or on plates without fork or knife, three times a day. They eat fish and meat with their fingers, but like a knife for their bread. Tea is a great luxury, and with milk added to it has become very popular, though this is contrary to the custom

and probably an entirely new idea to these men who mostly come from the centre of Asia Minor. Feeding the very sick patients was a little difficult, as they refuse Bovril or any soup that is made from animals not killed on the spot. Sugar disappears like magic, half a mugful, if permitted, being quite a usual request at breakfast time. Turkish coffee is given as a treat several times a week.

From day to day fresh cases arrived, and in a short while those slightly wounded were able to return to barracks. In many cases the uniforms they had come in were unfit for wear, but the Government provided us with a few extra suits, and from these and our own stores we were able to make up all deficiencies.

We had one case of malignant cholera, of which, in spite of all treatment, the man died in twenty-four hours. Most of the cases from the barracks at S. Stefano that were afterwards transferred from our branch hospital there to us at Scutari had cholera in a mild form. Our death rate has been very low. Besides the case mentioned above, we have lost three other men from various diseases, no surgical case having proved fatal. This is good, as compared with the death rate in the hospitals at Stamboul, where it has been exceedingly high.

Some of the recoveries have been nothing short of miraculous, the excellent constitutions of the men, owing to the simplicity of their national life, going a long way to promote this. As, for instance, the complete recovery of a "fractured base," where the bullet entered at the back of the skull to the left of the third cervical vertebra and made its exit above the left malar bone, causing severe hæmorrhage from the ears and nose; a wound causing fracture of both jaws, which came in in a very septic condition; a head case where the bullet entered behind the ear and came out through the eye, which it burst, and which had severe secondary hæmorrhage; a bullet through the apex of the lung, involving the clavical and upper part of the arm, and a man with the elbow joint completely exposed, as well as two double mastoids, one of whom was a very interesting and remarkable case, inasmuch as he had double facial paralysis, and many others too numerous to mention, all coming in with their wounds in a highly septic condition.

The general treatment prescribed was the use of iodiform covered in carbolic and salines in the place of 1-40 carbolic or any other lotion.

The wet weather setting in made our field hospital at S. Stefano undesirable for the nursing of gangrene cases, twenty-eight of whom were transferred to this our base hospital being conveyed in stretchers by steamer to Haider Pasha, and thence in carriages.

These men were very ill, many had to have double amputation of legs, and all passed through a very critical period. One man, after having amputation of both feet, with an injection of stovaine was carried back to his ward smoking his cigarette and announcing triumphantly,

"chok güzel, chok güzel," which means "very good." The other patients were very surprised to see a man return conscious from the theatre, and one remarked, "You are a brave man," to which he replied with much dignity, "I am indeed a brave man!"

Of the native personnel of our staff, I think the head cooks stand out as being most interesting, the patients' cook in particular. Imagine a man from the Arabian Nights! He is short and stout, wears a red spotted shirt with a scarlet cumerbund, and blue baggy trousers; a scarlet fez, and a large silver watch chain, on which is suspended a veritable clock, complete his costume. He is a man of humour, and not to be hurried by any, but I suspect him of being a slave-driver amongst his subordinates.

Our staff cook has been to Paris, and is proud of the fact. His visit there resulted in his acquirement of two words, "mademoiselle" and "café." He produces the most wonderful Turkish dishes, with plenty of oil and sugar, and some extraordinary vegetables. At the Turkish feast of Bairam he produced as the native custom is, a sheep roasted whole, stuffed with rice, chestnuts and raisins, and which he tore to pieces with his fingers on the dinner table.

In our own Bairam, *i.e.*, Christmas, he took much interest, and procured a leg of beef, which he roasted whole and conveyed to the table in great triumph, determined we should have a real, "English dish" for once. His boy does the shopping with a basket, which he lets down over the wall to a shop below. It is not at all unusual for our second course to be bought in this fashion while we are eating the first.

The scrubbers, or ward men, are very good-tempered. They refuse to kneel in spite of many practical lessons on the part of the Sisters and orderlies. They prefer to squat and dabble the water about with a cloth, the actual scrubbing part being accomplished by means of a rag on an old broom, which they push gingerly up and down the floor. They only smile when we expostulate.

The interpreter claims to be English, his father coming (so he says) from a Lancashire family; but the truth of his statement, as also that of other of his remarks, is open to question. His social position is not definable. According to himself, he is a teacher of gymnastics to the Government. He hunts in the winter and has a yacht on the Bosphorus in the summer, besides shooting on some of the islands, but, be it noticed, it is not beneath his dignity to take service under the Director and to become the general factotum of the hospital. His manner is servile, he is never at a loss for an excuse; if he does not know a thing he invents. Should you ask him the time of starting of a boat or a train he immediately tells you the first hour that comes into his head. If you can convict him of falsehood he says, "Of course, but it was so, I asked, yes, of course." To everything he replies, "Of course," and yes and no stand for the same thing. Questioned as to his

religion, he says, "I am a Mohammedan, of course, but I worship Christ, of course I do," and according to whether he is a Turk or a Christian, changes his belief.

An account of the hospital would not be complete without the mention of a Turkish medical student who attached himself to us on our arrival, and who has been absolutely invaluable. He has done everything in turn from helping at operations to housekeeping and marketing. His temper remains unruffled under any circumstances; he is ready to help one and all. He interviews the authorities, and writes the Turkish official letters. He argues with the washerwomen, the servants, or the patients, as the case may be. After the war, or when our hospital is no more needed, he will return to the Faculté de Médecine, and hopes in the course of his studies to see us all once again in London.

KATHERINE H. WHEATLEY.

RADIO-ACTIVE FOODS.

At a recent dinner party of the staff of Messrs. Charles Zimmermann & Co., a novel item was a *hors d'œuvre* with Radio-Active biscuits, this radiferous food being the very latest in dietetics. According to the *Lancet*, "the effect of radio-active treatment is simply an improved condition of the processes of nutrition and a consequent relief to disturbances of metabolism." This means that the absorbing and eliminatory power of the body will be increased by radium.

We have received a photograph of the biscuit taken by its own rays.

BOND'S MARKING INK.

Those who began in early life to use John Bond's "Crystal Palace" Marking Ink rarely use any other, but recently the firm has received two specially interesting testimonials to its merits. Engineer Rear-Admiral Geo. A. Haddy, R.N., reports that he used it the whole forty-six years he was in the Navy. It formed part of his first outfit and his last. And Miss Annie B. Harvey sent from South Africa part of a towel marked with the same ink by her grandmother in 1854.

A COMFORTABLE APPLIANCE.

No one knows better than nurses how many persons suffer from hernia, especially among the poorer classes, who are liable to strain, from lifting heavy weights. If an operation is not advised by the medical practitioner, who should always be consulted in such a case, some form of support becomes necessary, and often great discomfort is experienced from an ill-fitting truss. Nurses are advised to acquaint themselves with the advantages of the Rice Adjustable Elastic Appliance, which has always had a reputation for effectiveness and comfort, and for which a new pad has just been patented. The patentees and sole manufacturers are Messrs. W. S. Rice, Ltd., 8 & 9, Stonecutter Street, London, E.C.

OUTSIDE THE GATES.

WOMEN.

It became suspected in political circles, after keen enquiry into the probable votes to be given for and against the woman suffrage amendments, in the Franchise Bill, that Sir Edward Grey's amendment, omitting the word "male" from the qualification clause, and Mr. Dickinson's "half-way house" amendment, enfranchising six million women, would be passed; and in a panic of terror, the enemy's scribbling leader writers employed by the newspaper trust, and other publications yapping at its heels, flooded their virgin-white sheets with black abuse of womanhood—to the everlasting shame of every woman's son of them.

Then the long-anticipated happened. The Leader of the Opposition contested the legality of incorporating the amendments; the Speaker made a weighty announcement, that if passed, they altered the nature of the Bill, and it must be withdrawn, and re-introduced as a new Bill; the Premier bowed gracefully to this infallible pronouncement, and in the twinkling of an eye, sacred pledges, amendments, and all chance of the enfranchisement of women this session, were swept off the board.

You may take it as you please. As a deep-laid and treacherous plot, or merely as the result of a contemptuous blunder, where precedent is well-established in all things relating to the status of women in this country.

Anyway, women are bitterly indignant at their treatment by politicians, and the promise made by the Premier for "facilities" next session for a private member's Women's Suffrage Bill is contemptuously flouted by every suffragist possessing an ounce of political acumen, or common sense.

Yet, in spite of these unprecedented events in our purblind old Mother of Parliaments, we venture to prophesy that the women have won. They will be enfranchised at an early date; we feel it in our bones.

Two trained nurses were included in the deputation demanding enfranchisement, which waited upon the Chancellor last week; and Sister Townend spoke very eloquently in voicing the needs of her profession. She concluded with the significant words: "For years past we nurses have been struggling to obtain State registration, most necessary to us, to protect our status by enabling us to keep up a decent standard, and to prevent incompetent and untrained persons from imposing on the public, and taking our work; but we now see plainly that we cannot get this until women are enfranchised."

Already militant tactics have again been adopted by Suffrage societies, and much heart-breaking misery will result. When will men realise that it is a struggle of souls, and that its inspiration is of the Spirit?

BOOK OF THE WEEK.

"WHERE ARE YOU GOING TO - - ?"

It is with a burning sense of shame that we contemplate the necessity that calls forth from the pen of Miss Robins such a book as this—for it deals in plain and emphatic language, yet with an admirable delicacy and restraint, with that foul blot on our civilisation—White Slavery. Alas! the heartrending history of little Bettina is no figment of an over-sensitive imagination, no clever creation to stimulate the taste of a public that is wearied with commonplace vice or virtue, but a record that is, we cannot doubt, true in substance and in fact, given by an authoress of the highest standing. For what reason? "That Betty might do for others what no one had done for her." This work may be then described as an educative work, and should be read in all seriousness. It should rouse the women of England, old and young—it may be from prudish ignorance—it may be from culpable indifference—it may be from cold selfishness—it may be from obstinate disbelief—to a stern self-questioning. "Am I my sisters' keeper?" The tragedy of Bettina is told by her sister, her senior by two years.

"She is very fair, my little sister; I mean she is white and golden, and always seemed to bring a shunning where she went."

"I have used the present, and then fallen to the past. I say 'she is,' and then 'she seemed'; and I do not know whether I should have written 'was' or 'seems.' And that, in sum, is my story."

Bettina and her sister are the children of a young, fragile and beautiful, but undeniably selfish mother; they lived in great seclusion in Sussex, and the younger especially was her mother's idol. These two young creatures had no outlook beyond the narrow one which mother-love and exclusiveness provided for them. "They kept three servants, and no accounts, lawyers' letters were put away." Their first glimpse into wrongdoing was when the young maid (Martha Loring), suddenly left. "Bettina and I went into the kitchen, to ask Mrs. Ransome what had become of her? She said, roughly, Martha had gone under. 'Under what?' Mrs. Ransome said, 'Sh!'"

All went well till the return of Lord Helmstone's family, whose daughter Hermione "put pink stuff on her lips, and darkened the under-lid of her green eyes."

She took a great fancy to Betty. From her and her friends pretty little Bettina, by nature a butterfly, soon learned her own power of fascination; and, as a natural consequence, came a distaste for the monotony, and a longing for pleasure.

Then came the invitation from Aunt Josephine, to be with her in London over the Coronation; and the fatal introduction into their peaceful home, by Hermione, of the little French dress-maker, Madame Aurore, who was bad as bad could be—but all the same, "would not run ze risk for

my liddle gal. Non!" She took a great deal of interest in Aunt Josephine, forgot to return the photograph that was shown to her; and, finally, when the dresses for the visit were completed, returned to London.

And the girls set out for the fateful visit; and at Victoria they were met by someone who professed to be Aunt Josephine, and who looked like her, *but was not her*. From that moment, the story defies description, and extract becomes quite impossible. It is with shuddering horror that we read of the house to which these innocent children were taken, described by one of its vile inmates, "as the most infamous house in Europe." This same man had, it appears, yet a divine spark in him, when, touched by their ignorance, he arranges within an hour or two of their arrival, for the escape of the elder. Terrified, the frantic girl makes her way to her aunt's house. "It is not possible," my aunt said; "this is England."

At last, the policeman asks, "where is this house?"

"It is—it is"—a pit of blackness opened. "I had never known the address."

Little Bettina is never seen again. The last glimpse her sister had of her was standing unsuspecting in that infamous drawing-room, flushed with vanity and excitement, "dancing a hand on her hip, playing the gallant. Such a baby she looked—and I had done her hair like that—singing her childish action song, 'What is your fortune, my pretty maid?'"

Will not God be avenged on such a nation as this? H. H.



COMING EVENTS.

January 31st.—Meeting Matrons' Council of Great Britain and Ireland. Business Meeting 3.30 p.m. Tea 4.30 p.m. Address by Dr. Helen Boyle on Mental Nursing at 5.15 p.m. 431, Oxford Street, London, W.

February 4th.—Nurses' Missionary League. Lecture by Dr. H. Gordon Mackenzie on "The Relation of the World of Work to Modern Thought." 33, Bedford Square, London, W.C. 3 p.m.

February 5th.—The League of St. Bartholomew's Hospital Nurses Course of Lectures. "Eugenics, what is it?" by Bishop Harman, Esq., F.R.C.S., Medical and Surgical Theatre, St. Bartholomew's Hospital, E.C. Tickets from the Hon. Secretary. 5.30 p.m.

February 5th, 12th, 19th and 26th.—Trained Women Nurses' Friendly Society. Meeting of Committee of Management, 431, Oxford Street, London, W. 5 p.m.

February 6th.—Meeting of the Executive Committee of the National Council of Nurses of Great Britain and Ireland. To receive an invitation from the Irish Nurses Association to hold a Conference in Dublin on June 3rd, 4th and 5th, of the present year. 431, Oxford Street, London, W. 4.30 p.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

PENSIONS THE ONLY REMEDY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I entirely agree with your criticism of this newspaper "Benevolent Scheme" for Queen's Nurses, and now that it has been made public, I feel sure many Queen's Nurses will object to carrying round begging cards to the public and paying a penny weekly for any such scheme for their own benefit. Why, if anything of the sort had to be done, could we not have it arranged through the *Queen's Nurses Magazine*, our own paper, and not through unprofessional publications? The whole thing savours of patronage. Surely Queen's Nurses know enough about business to know that these newspapers only start such schemes for commercial purposes, and that someone is going to exploit us as usual. For one thing, the paper in question will secure patronage over a professional class of women which it has no qualification for. It will thus increase its circulation, and in consequence secure increased income from advertisements. I am one of those prickly people who object to being advertised as a pauper, and I hope there are other Queen's Nurses who feel with me. What we need is a saving wage, as our Superintendents rightly have, and a small retiring pension as Navy and Army Nurses have. Why not? Our Council is the right body to see to just conditions for us, not the unprofessional papers.

Yours truly,

A QUEEN'S NURSE.

THE BOYCOTTING OF STATE REGISTRATION BY THE PRESS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I can quite support what "A Journalist Nurse" says about the boycotting of State Registration by the London daily Press. The fact is that so many hospitals spend large sums of public money in advertising, that it would not pay to insert the nurses' point of view, when those of the committee oppose it. It is all in a commercial nutshell—the system is quite understood. Thus for pelf are the public kept in ignorance of many questions. Women's Suffrage was treated thus for years and years; and it was only when it paid to insert reports concerning this burning question that the independent (?) press printed them. Those of us who are in the journalistic world know all these discreditable tactics. Watch the London Press, on the treatment of Bart's nurses; and see how many of them will touch

it, or attempt to help nurses in their struggle in the public interest.

Yours truly,

A WOMAN JOURNALIST.

[Our experience is that of our correspondent. We are glad to note, however, that the *Standard*, *Daily News*, *Daily Herald*, *Pall Mall Gazette*, and *City Press* have the courage to ventilate this question.—ED.]

BIGOTRY AT BART'S.

Many letters enclosing donations have been received which express the opinion that if women had the Vote nurses would soon be registered, which of course is true.

Miss Dinne, Harrow, writes, "I beg to enclose 2s. from self and friend towards the fund for fighting the above. Very sorry it is not more, but every penny I can spare at present goes to the Suffrage Cause. It will be easy to get State Registration for Nurses once we have the Vote."

Miss Gladys Tatham writes from Davos, from her sofa, where much of her time is spent:—"I am taking special interest in this latest manifestation of bigotry on the part of the Bart's authorities, for once at _____ Hospital, we went through the same thing. The then matron and a few chosen spirits used to delight in talking anti-suffrage at meals. Gathering that they were mostly ignorant of what they were talking about, I proposed we might have a meeting in the Lecture Hall to discuss it. Several of the nurses were enthusiastic about it. But no, the Matron would not hear of our using the Hall for a meeting, so we reluctantly had to cave in. But speaking for myself, I was simmering with rebellion against what seemed an injustice. . . . I look forward so much to the Saturday post bringing the JOURNAL."

Miss Amy Moore, London, W.C., writes:—"Why waste time and money trying to get professional justice for nurses? Nothing which will raise their status, or protect sick people from thieves, and worse, will be done until women have the Vote. The Bart's business is only on a par with the condition of nurses in many other hospitals. Bart's should have clung to its liberties when it had them, now it is too late."



OUR PRIZE COMPETITIONS.

February 8th.—How would you nurse a case of tracheotomy, and what is your practice in regard to the care of instruments and tracheotomy tubes in these cases?

February 15th.—Describe the daily and general care you would give to the mouth and hair of a helpless patient.

February 22nd.—How might a case of scarlatinal nephritis be recognized, and how should such a case be nursed?

The Midwife.

PUERPERAL FEVER.

The *British Medical Journal* publishes an interesting summary of a paper by Dr. Brandt in a Norwegian contemporary. Dr. Brandt considers that the incidence of puerperal fever at the present time is over-rated, as the diagnosis is frequently made on insufficient grounds. Only a carefully conducted necropsy provides reliable evidence for or against puerperal fever, as the following case shows. A primipara, aged 29, underwent a normal confinement at full term. The temperature throughout the puerperium was subfebrile, and a swelling was detected extending from the right border of the uterus to the right iliac fossa. The patient coughed considerably, and there were signs of pulmonary tuberculosis in the left apex. The child died twenty-six days after birth, and the mother died three days later. The necropsy showed the cause of death in both cases to be tuberculosis, and the swelling in the pelvis to be due to tuberculous salpingitis. The following case aroused much interest in Christiania in 1911, as the patient's husband reported the authorities of the maternity hospital to the Minister of Justice for gross negligence. The patient was a 2-para whose first confinement had been complicated by placenta praevia and severe haemorrhage, the child being stillborn. At the second confinement, which lasted 21½ hours, no internal examination was made. A living child was born, and only one suture was required for a slight wound of the perineum. On the evening of the third day the temperature rose to 100.2 deg. in the axilla, and on the eighth and ninth days it was 95.5 deg.; otherwise it was subnormal. The slight rise of temperature was attributed to a "cold," for on the fifth day herpes labii appeared. The mother and child were discharged on the fourteenth day apparently quite well. Shortly afterwards the mother felt unwell, but her physician detected no illness. Another physician was summoned, who found fever, and a swelling to the left of the uterus. He attributed the death, which occurred a month after the patient's discharge, to puerperal fever. But this diagnosis is reprehensible, for the history of the case is not characteristic of such a state, and it is more likely that an old inflammatory focus, possibly a pyosalpinx due to the placenta praevia of the first confinement, flared up after the second confinement. . . .

Puerperal fever caused by faulty technique, by infection from a distant focus in the patient's body, and by autoinfection from germs already present in the uterus is common enough, but it is often diagnosed when a host of other diseases are to blame.

NURSING ASSOCIATIONS AND MIDWIFERY FEES.

At the Annual Meeting of the Highwood (Newton Abbot) Nursing Association, recently, a letter was read from the Devon Nursing Association advising that a minimum fee of 10s. should be charged for midwifery for persons in receipt of the Maternity Benefit under the National Insurance Act. Mr. Vickary enquired why at a time when money was not very plentiful they should raise the fees, and it was decided that they should be 6s. as before.

If a midwife is working on her own account we should say that 10s. is very modest remuneration for her attendance at the confinement and ten days subsequently, but, if she is working under contract with an Association which pays her from 15s. to £1 a week we see no reason why the Association should charge the patients attended by the midwives it employs a 10s. fee, and, if the midwife is in attendance on several maternity cases, make a substantial profit out of her work.

It is a curious anomaly that while the Act makes provision (Clause 21) that "it shall be lawful for an approved society or Insurance Committee to grant such subscriptions or donations as it may think fit to hospitals, dispensaries and other charitable institutions, or for the support of district nurses, and to appoint nurses for the purpose of visiting and nursing insured persons" no provision is made for granting funds to district midwives. It behoves midwives to look into this question very carefully because if they believe that approved societies and Insurance Committees can pay their fees for attendance on maternity cases, under Clause 21, they may find that the Act confers no power in this respect. At present it provides for the payment of fees of medical practitioners called in to their assistance in the case of insured persons, but makes no provision to secure the fee of the midwife to her.

Another point to which we have drawn attention in a previous issue is the liability for the payment of the doctor's fee. In some cases it is understood that this is assumed by the midwives themselves, but we do not consider that this financial responsibility should fall upon the midwife any more than it is imposed on a general practitioner when a consultant is called in to advise with him.

The point is a serious one, because if patients think that they may be liable to lose part of their maternity benefit if a medical practitioner has to be summoned in a midwife's case they will be apt to engage a medical practitioner in the first instance, to the detriment of the practice of midwives and their own personal comfort, for the care given by the midwife for ten days after confinement means much to a working-class woman.

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

EDITED BY MRS BEDFORD FENWICK

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Vol. L.

EDITORIAL.

THE PRIVACY OF THE WORKER.

It has always been the boast of the Englishman, and, we hasten to add, of the Englishwoman also, that their house is their castle, and so far the privacy and sanctity of the home have been respected. But this much-prized privacy has been rudely wrested from those who come under the provisions of the National Insurance Act, and women workers, especially nurses, are finding, to their cost, that the result of legislating for women workers, without taking them into consultation, is the enforcement of legislation in a very objectionable form.

In the first place, many nurses objected to the questions which they were required to answer on a proposal form of a Nurses' Insurance Society, as both unnecessary and offensive. It is quite useless to argue that such information is confidential. This is impossible when such forms are handled by various clerks, and permanently kept for reference.

This objection applies with even more force when declaring-on forms for sickness benefit are sent in, in which case applications for pay during disabilities, of a most delicate nature, may have to be made. To have these applications passing through the hands of, and scrutinized by, young men clerks, is objectionable in the extreme, and, the fact that this is done, is the strongest possible argument for an Insurance Society officered by women, as is the case with the Trained Women Nurses Friendly Society at 431, Oxford Street, London, W.

Nurses in the discharge of their duty may contract many illnesses concerning which formerly their medical attendants only were in their confidence, and it is a real

hardship that these intimate matters should now be open to the scrutiny of young laymen in insurance offices, and that nurses who desire to obtain the benefits for which they have paid should have no option but to furnish the information demanded. They are bound to endure the publicity thrust upon them by ill-considered legislation, and it is conceivable that much unnecessary pain may be occasioned thereby.

One of the strongest characteristics of the gentlewoman is the reticence which she maintains on personal matters, and when these are concerned with illness it is increased ten-fold. In the past it is unquestionable that many women have suffered pain and even death itself rather than consult even their medical attendant concerning their illness, and for this reason the admission of women to the medical profession has been an untold boon to thousands. No doubt this reticence has at times been carried too far, but it is evidence of the strong feeling which exists among women, and for this reason some means should be found to protect the insured sick from the publicity given to the affairs of themselves and their antecedents in insurance offices.

It may be well that an attempt should be made to insure the workers of this country against sickness, but it is equally important that the necessary organization should be conducted with delicacy and restraint, and no class of the community realize this more than trained nurses, who maintain an honourable silence on the private affairs of their patients, which necessarily come within their knowledge. The fair flowers of modesty, reticence, and restraint are easily bruised, when handled carelessly and unsympathetically, and even in a utilitarian age a prosaic nation can ill afford to ignore and affront the most honourable and sacred feelings of its womanhood.

MEDICAL MATTERS.

THE SMILE CURE.

The most extraordinary cure we have heard of for a long time is called the smile cure. An eminent doctor of Minneapolis, says the *Dietetic and Hygienic Gazette*, who has made a speciality of nervous diseases, has experimented with melancholy patients, and declares himself thoroughly satisfied with the good results of his treatment. His prescription is: "If you keep the corners of your mouth turned up you can't feel 'blue.'" The directions for taking are, "Smile, keep on smiling, don't stop smiling." It sounds ridiculous, but just you feel; then draw the corners of your mouth regardless of your mood, and see how it makes you feel; then draw the corner of your mouth down and note the effect, and you will declare, "there's something in it." There may be, if the heart feels merry in harmony with the smile, for a mind free from care, as Juvenal tells us, goes with a sound body. But we doubt the cure if the smile be merely mechanical, for have we not all heard of those who smile and smile while the heart is breaking?

THE WORK OF THE RADIUM INSTITUTE.

The report of the work carried out at the Radium Institute, Riding House Street, Langham Place, London, W., from August 14th, 1911, to December 31st, 1912, by Mr. A. E. Pinch, F.R.C.S., Medical Superintendent, which is published, with the authority of the Committee, in the *British Medical Journal*, is of great interest. The writer mentions at the outset that, for its correct application, it is necessary to state that the cases treated were in nowise selected. Ever since the opening of the Institute applications have been received for the treatment of patients, many of whom have exhausted all the known resources of medicine and surgery, their condition being almost hopeless.

The only cases refused have been those in which the patients were practically moribund, or where the disease was of a kind for which radium therapy was manifestly unsuitable.

It has been the purpose of the Committee to give equal prominence to the cases in which radium has appeared to be useful, as well as to those in which it has been useless or possibly harmful. Also to point out the conditions under which radium is therapeutically of no service.

We read that the repute of radium therapy has suffered severely from that irrational enthusiasm and that unthinking expectation which often attends the *début* of a new remedy. These distorting influences have been especially marked in the present instance, for radium has astounding physical qualities, and it seems to have been assumed that its therapeutic powers must be equally penetrative and marvellous. It is important to note that no examples of malignant disease—rodent ulcer alone excepted—have been treated, other than those in which operation has been declared to be unjustified, or in which operation has been absolutely declined by the patient.

CARCINOMA OF THE UTERUS.

Amongst the cases treated the report states that in cases of inoperable malignant disease of the uterus radium will often bring about results which cannot be attained by any other known method of treatment.

The hamorrhage is arrested, the discharge is diminished in amount and rendered inoffensive in character, the ulceration is healed, and the pain is greatly relieved.

The rate of growth is checked, sometimes completely arrested, and the surrounding infiltration and induration are so much lessened that in a few instances cases previously declared to be inoperable become operable.

The action of radium is, however, only local, and though it may, and often does, check the rate of growth, yet in most cases dissemination will sooner or later occur, and the disease spread to parts beyond the effective range of radium.

CARCINOMA OF THE BREAST.

The results of radium therapy in the treatment of cancer of the breast are on the whole encouraging.

Radium should never be used as a substitute for operative interference, but when the case is inoperable it will do much to relieve pain, promote the healing of ulcerated surfaces, and check the growth of the secondary deposits. In not a few cases it will bring about the almost complete absorption of superficial carcinomatous nodules and infected glands.

RODENT ULCER.

This is of all forms of malignant disease the one which is most amenable to the action of radium. Untreated rodent ulcers not exceeding 2 cm. in diameter, and not affecting mucous membrane, cartilage, or bone, almost invariably yield to one exposure of one to three hours'

duration with a full-strength applicator unscreened.

If the ulcer occupy a large superficial area—say, 20 sq. cm. and upwards—an unscreened application over the whole area at the same time is inadvisable in view of the severe systemic disturbance which would follow such a procedure, and the lesion should be treated by two, three, or four applications made in rotation to different parts of its surface, at intervals of three weeks or a month.

When a mucous membrane is affected rodent ulcers prove much more refractory, though exception should perhaps be made in regard to the palpebral mucosa, as small rodent ulcers in this situation often respond well to exposures of strong unscreened apparatus of fifteen to twenty minutes' duration given consecutively for three days.

Amongst other conditions found to receive benefit from treatment with radium are keloid, parotid tumours, lichenification of skin, pruritus, chronic eczema and psoriasis, and arthritis deformans.

OUR PRIZE COMPETITION.

HOW WOULD YOU NURSE A CASE OF TRACHEOTOMY AND WHAT IS YOUR PRACTICE IN REGARD TO THE CARE OF INSTRUMENTS AND TRACHEOTOMY TUBES IN EACH CASE?

We have pleasure in awarding the prize this week to Miss A. D. Fairbank, Bury Road, Thetford, for her paper on the above subject.

PRIZE PAPER.

It is usual to nurse a case of tracheotomy in a steam tent, but some doctors do not advocate this, as it has the disadvantage that ventilation cannot be carried on sufficiently to keep the air pure, therefore a nurse would consult the wishes of the doctor. If a tent is ordered, a thermometer must be hung at the head of the bed, and as nearly as possible on a level with the patient's head, the temperature of the tent being kept about 70° F. The steam kettle must never be filled more than two-thirds full, and great care must be taken that the spout is not directed in front of the patient's face. If, however, a tent is not ordered, the temperature of the room must be kept up to 70° F., and some doctors like it up to 80° F. This temperature is chiefly maintained by the fire and by preventing the entrance of cold air, so it is important to prevent people from coming in and going out as much as possible, and a screen should be placed between the door and the patient.

A very important point is to keep the air of the room moist; this is done by means of

steam kettles; one or two are required, according to the size of the room. If two are in use, it should be arranged that both do not require re-filling at the same time, and they should then have boiling water put in them, and the lamp must not be allowed to go out.

The wound in the trachea must, of course, be kept aseptic. Over the tube should be placed a layer of antiseptic gauze, wrung out of warm sterile water or antiseptic lotion; this also acts as a filter by preventing the entrance of any particles of dust. The gauze must be changed every few minutes, as it cools very rapidly, and fresh gauze will be needed as often as it becomes soiled. Anything rejected by the tube must be at once brushed away by a light sweeping movement across the opening, so as to catch the mucus immediately it appears, and so prevent it being sucked down again into the trachea. Any membrane coughed up should be burnt, unless it is to be preserved, when it should be placed in a test-tube and the tube plugged with cotton wool. The inner tube should be removed every hour, or every half-hour if necessary, and washed in a solution of salt and water or some antiseptic lotion, swabbed out with a feather, or a piece of cotton wool wound round a probe, then placed in a receiver or sterilizer, and boiled. The outer tube must not be removed by the nurse except under the most urgent circumstances. Before replacing the inner tube the outer one must be cleaned with a swab to remove mucus that collects around it. Great care must be taken when removing the inner tube that the outer tube is not dragged out; it is as well to steady the outer one by the thumb and forefinger of the left hand. Should an accident occur and the outer tube come out, the dilators must be very carefully inserted and medical assistance sent for.

The dressing which is usually applied to the wound is boracic ointment spread on a circle of lint and cut in two halves, so that it may be changed without removing the tube. In changing the tape the new one should be put in before the old one is removed, so rendering it impossible for the tube to be coughed out in the middle of the process. A nurse should always endeavour to gain the confidence of her patient, especially little children, as some are very nervous.

Feeding should be frequent at first, the nourishment consisting of beef-tea and milk, with brandy if ordered, as it usually is. Occasionally there is some difficulty, especially when the tracheotomy tube is finally removed. Fluids sometimes get into the larynx, and are coughed out of the wound. This is serious, as it may

set up pneumonia, and so cause the death of the patient. The milk may be thickened with arrowroot or cornflour, or a little Benger's Food may be taken, and this may relieve the condition, but very often nasal feeding has to be resorted to. A nurse must never for one moment relax her vigilance concerning the patient, for children are very apt to pull the tube out, however securely it may be tied in. The patient being unable to speak, she must always be on the alert and endeavour to anticipate all his wants. The pulse and respiration should be frequently taken and charted, so that the doctor may have early indication of any threatening of bronchitis or pneumonia. The secret of success in the after-nursing of tracheotomy is to interfere with the patient as little as possible; and in removing the tube and in the dressing of the wound to observe strict asepsis. After use, instruments should be washed in some antiseptic lotion, and then sterilized by boiling, and again placed in lotion, such as carbolic 1-40, or lysol. They must never be placed in mercurial solution, as it discolours them. They should always be kept at hand, but out of sight of the patient, in antiseptic lotion ready for use, and should consist of a spare tube, dilators, scissors, retractors, and probe, and a few sterilized feathers; but feathering the tube is not advocated by many doctors, and should never be used as a substitute for removing the inner tube. Indiscriminate feathering of the trachea does a great deal of harm.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Elizabeth Martin, Miss Ada Jenkins, Miss Lucy Walker, Miss Amy Robinson, Miss Jessie Macfarlane, Miss Emmie James.

In connection with the care of the tube, Miss Martin points out that "the nurse in charge must be familiar with the ordinary form of tracheotomy tube in use (the silver double tube). The outer tube is provided with a slit on each side of the guard through which the tube is passed, and when it is in position in the trachea the tapes are securely tied round the patient's neck. This process fixes the outer tube. . . . After a time the inner tube may become plugged with dry mucus, so that the airway is almost blocked, when this inner tube must be removed, thoroughly cleansed with alkaline lotion, and replaced, and this must be repeated as often as necessary.

QUESTION FOR NEXT WEEK.

Describe the daily and general care you would give to the mouth and hair of a helpless patient.

"HOW LIVING GERMS ATTACK AND DEFEND US."

In the spacious and comfortable Grand Hall of the Hotel Cecil a lecture was given upon the above subject by Dr. Herbert W. G. Macleod, B.Sc. The meeting, which took place on February 3rd, was convened by Queen Victoria's Jubilee Institute, when nurses comprised the greater part of the large and appreciative audience. The Chairman—Viscount Goschen—paid the well-known scientist the compliment of a brief introduction.

It goes without saying that a lecture delivered by an expert and illustrated throughout by the Electric Lantern, the Epidiascope, Microscopes and Cinematograph, must be an intellectual treat of the finest order. The interest that it excited was punctuated by occasional half audible gasps of surprise; but the surprises came so thick and fast, that had the lights been on, open mouths as well as open eyes *might* have been observed!

Dr. Macleod made a clear division of his subject into the germs that *attack* and those that *defend*; in other words, germs of infection and protection. He explained them in their order.

The germs of infection which are of vegetable nature have "peculiar ways," one of the most striking of which appears to be their very rapid growth. Under favourable conditions one bacillus will in twenty-four hours become 18 million. Nature, however, sets up defence, and the enemy receives a check. The different bacteria were separately shown and explained, also how infection in each case was carried. That 30 per cent. of cows in large dairies are infected by the germ of consumption was a staggering revelation. The germs of tetanus, plague, cholera, consumption, diphtheria, &c., were successively shown and explained.

The Epidiascope also showed upon the sheet most beautiful and highly magnified specimens of the mosquitos or flies which convey malarial fever, yellow fever, sleeping sickness and a certain form of paralysis from which men who work in stables suffer the inference being that it is caused by a fly whose haunt is the stable. This is a new discovery. The facts about the functions of the white corpuscles, as the police of the body, surrounding, devouring, and absorbing the mischievous bacteria, are probably well known to all nurses, but the wonder of it is always fresh and interesting, consequently iteration had no tedium.

When the Cinematograph was set in motion then the real magic began, and had Dr. Macleod lived in the dark ages, he would certainly have been burnt as a wizard. The blood circulating through the arteries and veins of a living frog was the first picture shown. The lecturer was careful to assure his audience that there had been no cruelty practised to obtain it.

Then one saw a portion of the lung being bathed with oxygen by the action of its carriers,

the red corpuscles, which in the highly magnified picture looked like numberless mice racing at great speed over objects much larger than themselves.

This was followed by a blood current going sometimes fast and sometimes slow, according to beat of heart, through the vessel. Then followed the rapid action of cholera germs in a culture of broth. No description by the pen of an ordinary mortal can convey an adequate impression of the marvels of that never-to-be-forgotten afternoon. Fertility of imagination on the part of the readers must be relied upon to supply what is wanting in descriptive force.

Lest the audience should have been regaled with too much of the marvellous in Nature of a *descriptive* character, the lecturer had provided a most delectable treat, through the kindness of the Co-operative Cinematograph Co. and Messrs. Pathé Frères.

Nature in a gentle and beautiful mood was then shown in *construction*. Flowers grew before astonished eyes. The rose, and the horse chestnut threw out their buds, unfolded their leaves, and grew to their highest developments. It was truly magical! Still another form of life was demonstrated. The kingfisher, his haunts and habits were shown in a series of vivid pictures. One could almost hear the sound of the water and the splash that he made, as he dived and brought up fish nearly as large as himself.

When at last the prodigal feast had come to an end, the lecturer said a few words in defence of science and scientists. It was commonly believed, he said, that scientists were materialists; he warmly disclaimed this, adding that the true interpretation of science was the looking through Nature to higher things, and in doing so the Master Hand was revealed, the One Great Architect of Nature.

In proposing a vote of thanks to the lecturer, Lord Goschen said that thanks were also due to scientists generally for the immense progress they had made in science and research work. The appreciation and thanks of the audience were expressed with great vigour in the usual way.

By the hospitality of Lord Goschen a very generous tea was provided in two of the adjoining rooms, which was also greatly appreciated.

One interesting fact of scientific progress must not be forgotten, germs can now be seen *moving* beneath the microscope, this being made possible by the latest development of the microscope.

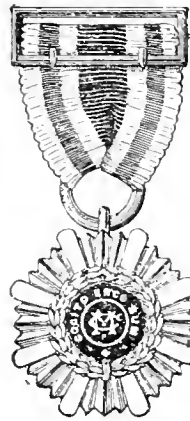
BETRICE KENT.

A MISSING LEICESTER NURSE.

The unaccountable disappearance of Miss Annie Brown, a nurse, employed at the Narborough County Asylum, Leicester, is causing considerable distress to her relatives and friends.

Nurse Brown left the asylum about 2.30 on January 2nd, and, in spite of an extended search by the police and careful enquiries at every likely place, no trace of her has been discovered.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.



A meeting of the Matrons' Council was held at 431, Oxford Street, London, on Friday, January 31st. Miss Heather Bigg, President, was in the chair. There was a good attendance of members.

CORRESPONDENCE.

Letters of regret at non-attendance were received from Miss Musson, Miss Waind, Miss Wright, Miss Oslar, and many others. The following letter in reply to the resolution *re* trained

nurses in war—passed at the Wigan meeting—received from the Secretary of the British Red Cross Society, was read:—

MADAM,—I beg to acknowledge the receipt of your communication containing resolution passed by the Matrons' Council held at Wigan on November 2nd.

The Society quite approves of your resolution.

The Society has only forwarded six trained nurses to the front, and the majority of these have had previous war experience, except in the case of one or two, who are fully trained nurses, having undergone a three years' course of training at a general hospital. You may rely that in no case would the Society forward any but fully trained nurses to assist in the work at the seat of war.

I am, Madam,

Your obedient servant,

FRANK HASTINGS,

Secretary.

After some discussion on this letter, Mrs. Bedford Fenwick gave notice that she would bring the question of providing British Nurses in foreign wars before the Council at its next meeting.

A letter from Miss M. Thurston, Lady Superintendent, The Hospital, Christchurch, New Zealand, was read, asking for information regarding arrangements for the San Francisco Congress, and expressing the sympathy of New Zealand nurses for the State Registration movement in England. The Secretary was instructed to inform Miss Thurston that information regarding the next International Congress of Nurses could best be obtained from Miss L. L. Dock, Hon. Secretary, International Council of Nurses.

NEW MEMBERS.

The following ladies were then elected members of the Council: Miss Isabel M. Callaghan, Matron Taunton and Somerset Hospital;

Miss Edyth Hardwicke, Matron St. Mark's Hospital, City Road, London, E.C.;

Miss Kathleen Smith, Matron West Kent General Hospital, Maidstone;

Miss Violetta Thurstan, Superintendent West Riding Nursing Association, St. Hilda's, Leeds.

TREASURER'S REPORT.

The Treasurer's report—showing a balance in hand of £14 15s. 2d.—was then read and approved.

The Hon. Secretary then presented her report, which was accepted as read, and directed to be printed.

VICE-PRESIDENTS.

Miss Haughton, Miss Musson, and Miss Rogers, Vice-Presidents, who retired by rotation, were then re-elected; and Miss Elma Smith was elected in the place of Miss Mollett, who also retired and did not present herself for re-election.

The Hon. Treasurer, Mrs. Walter Spencer, and the Hon. Secretary, Miss Mollett, were re-elected.

THE BANNER.

The design for a banner was then considered and approved, at the cost of £8 17s. 6d.

The design, which consisted of the Matrons' Council Badge and Motto, was to be carried out in raised embroidery in gold, with a dark blue centre, with crimson lettering on a white satin ground, handsomely mounted, corded, and fringed, with pole attached.

REPRESENTATION ON THE NATIONAL COUNCIL OF WOMEN.

The Hon. Secretary was instructed to write to the Secretary of the National Union of Women Workers with regard to the alterations in the Constitution of that body, to which the Matrons' Council is affiliated. The business meeting then closed.

At 5.15 p.m. an open meeting was held, at which Dr. Helen Boyle gave a most interesting and highly appreciated address on Mental Nursing.

M. MOLLETT, *Hon. Secretary.*

We shall publish Dr. Helen Boyle's Address next week.

Between the Meeting and the Address a very pleasant half-hour of social intercourse was spent over the teacups, kindly arranged by Sister Cartwright, R.N.S.

THE INTERNATIONAL COUNCIL OF NURSES 1915 MEETING.

As nurses from various parts of the world are already making enquiries concerning the arrangements for the Triennial Meeting of the International Council of Nurses and its International Congress, to be held at San Francisco in 1915, we would inform our correspondents that all official information will be issued in due time through this Journal, direct from Miss L. L. Dock, the Hon. Secretary of the I.C.N. The National Council of Nurses will not begin active preparations in this country for the Meeting until next year. It is very probable that early June, 1915, will be agreed upon for the San Francisco Triennial.

The important bit of work immediately on hand is to make successful the National Council Conference, to be held in Dublin in the coming June. For this we want all the interest and all the new ideas the members of the Council have to contribute. Suggestions will be most gratefully considered by the Conference Committee, both in London and Dublin.

THE SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES.

FREE SPEECH FOR NURSES.

A copy of the Resolution demanding freedom of conscience and of speech for nurses in public institutions on their own professional affairs, passed by members of the above Society on the 23rd ult., has been forwarded to the Committee of Treasurer and Almoners of St. Bartholomew's Hospital, and has been acknowledged.

The following letter has been sent to the Prime Minister and the members of the Cabinet, enclosing a copy of the Resolution:—

The Society for the State Registration of Trained Nurses.

431, Oxford Street, W.,

January 30th, 1913.

SIR, I have the honour to enclose, on behalf of the Society for the State Registration of Trained Nurses, the copy of a resolution carried unanimously at a Special Meeting of the Society held in London on January 23rd.

My Society earnestly pleads that effect may be given by His Majesty's Government, without delay, to the recommendation of the Select Committee of the House of Commons on Nurses' Registration, 1905, "that it is desirable that a Register of Nurses should be kept by a Central

Body appointed by the State," so that the constitutional demand made by trained nurses for a quarter of a century for the organisation of their professional education, in support of their conscientious efforts on behalf of the sick public, may be rewarded by the security afforded by legal status.

I am, Sir,

Your obedient servant,

MARGARET BREAY,
Hon. Secretary.

Copies of the Resolution have also been sent to the majority of the Governors, to every member of the House of Lords and the House of Commons, and to each member not resident abroad of the League of St. Bartholomew's Hospital Nurses. The statement has been made over and over again by the spokesmen of the anti-registration party that nurses enjoy under their benevolent control absolute freedom of conscience and of speech—a statement which is known to be untrue. It was thought well, therefore, that our legislators should know the truth, and realise the reactionary policy which emanates from the Central Hospital Council for London so far as nurses are concerned, and which is now being enforced for the first time at St. Bartholomew's Hospital.

The question of whether the Governors of the large London Hospitals, or the Central Hospital Council for London, are to inspire the policy and manage the Nursing Schools attached to these institutions for the future, is one of vital interest to the nursing staffs, and is also of far-reaching importance to the sick public at large.

We are informed that the Staff Nurses of St. Bartholomew's Hospital have appealed to the Committee, through the Matron, Miss McIntosh, on the question at issue. We sincerely hope it is true.

NURSES' CHORAL AND SOCIAL LEAGUE.

The Nurses' Choral and Social League will hold its Annual Concert at the Town Hall, Kensington, on Tuesday, the 18th inst., at 8 p.m. The choir of over 200 members will be conducted by Dr. W. H. Hickox, F.R.C.O. The proceeds go towards the funds of the League, and tickets, at 5s., 2s. 6d., and 1s., can be obtained from the President, Mrs. Carreg-McCowan, 50, Queen's Gate, S.W. We have no doubt the Hall will be crowded, as the occasion and programme are unusually attractive.

IMPRESSIONS ON NURSING IN THE UNITED STATES.

III.

It was my good fortune to renew or to make acquaintance with many superintendents of nursing and heads of the nursing world in the States. But, owing to the shortness of my stay and the urgency of my other work, I only succeeded in actually making personal acquaintance with six hospitals—six of the best, as I need hardly tell you: in New York, the Bellevue, the Sloan, the Rockefeller, the Presbyterian; in Boston, the Massachusetts General; in Baltimore, the Johns Hopkins. I do not mean that I was not inside others, but these six were the ones in which I was enabled, through the kindness of the superintendents, to see and hear and know and discuss the methods and workings.

As for lost opportunities, I ceased to dare think of them; but if I regretted one thing more than another in this connection it was that I was obliged to leave without seeing any one of the great mental hospitals.

In this paper I propose to note some of the matters which appealed to me most in the nursing departments and arrangements of the hospitals. On the whole, the most salient point seemed to me the wonderful organization of the nursing work. Organization in all work is a very striking feature over there. The same holds good of charitable effort. The annual report of the Association of Catholic Charities in New York, with the digest attached, is a wonderful record of successful organizing. And this power of organization, having its centre in the office of the superintendent of nurses, with its telephone and its typewriter in constant use, spreads through every department of the hospital. The porter's office shows it, the wards show it, the carefully kept case records show it, the absence of rush shows it, the well-appointed nurses' dining halls, with their many small tables and excellent food, show it. You feel it throughout the whole place. Foundation necessities are thoroughly realized by this practical people, and organization is first amongst them.

The social service side of nursing is another matter which is now entirely recognized as a part of hospital duty, more especially in relation to the out-patient department. It must have been obvious to the thinking nurse that a great part of the good attempted to be done in the out-patient department is countered, if not made wholly useless, by the conditions under which the patients live. Plenty of new

milk for the baby, nourishing food and fresh air for the phthisical, the daily dressing for the mother of a family—how well they sound, beautiful in theory and often impossible in practice. With the hospitals that I visited there is a social service department, to which the doctors refer patients. It is one more triumph of organization, and organization of the most sympathetic kind. Through it the work of curing and relief begun in the hospitals is carried into the homes, and the teaching of prevention is emphasized. It is far beyond our system of almoners. It necessitates a staff of its own and a library of records. Practically it is district work directed from a centre, although it has not that name. But it is probably owing to the development of the social service aspect of hospital nursing that district nursing, properly so called, has become a burning question in New York and elsewhere. Some of my good friends over there will correct me if I am wrong.

It is interesting and instructive to see the careful working out of the scheme of affiliation of hospitals to one large centre, such as, for instance, the Bellevue City Hospital in New York. Not only has the Bellevue three "allied" hospitals—the Harlem, the Fordham, and the Gouverneur—each with its own superintendent of nurses, working under Miss Noyes, the General Superintendent of Training Schools, who resides at the Bellevue; it has also a system whereby certain hospitals in affiliation with it and its "allies" have the privilege of sending a definite number of nurses to work in the wards, thus providing a much-needed exchange of methods and broadening of experience. The gain to the nurse is immense. It gives her experience; it prevents that bogey of training, *stereotypism*; it drafts her into a fresh atmosphere altogether; it lends renewed interest to her training.

Many of the hospitals have also arrangements by which post-graduate nurses—i.e., nurses who have passed their examinations and finished their training in their own hospitals—can take up a six months' course in a city hospital, without payment of fees, but receiving a small salary intended primarily to defray the cost of uniform and books.

Yes, it is a broader outlook that the Training School Committees show when they have got so far as that, and can in their report insist on "the great benefit it is to the Nursing Profession at large to offer the educational advantages afforded by the various branches of service in this great city institution to women whose Home Hospitals provide excellent training, but only in limited directions." Yes, indeed, many is the

time that I found myself sighing to be twenty years younger, and able to take that six months' course of post-graduate work. It positively made me hungry, and almost jealous (in a good hour be it spoken) of my younger sisters, with all their chances and advantages.

ALBINA BRODRICK.

(To be concluded.)

APPOINTMENTS.

MATRON.

Isolation Hospital, Brandon.—Miss M. Briggs has been appointed Matron. She was trained at the Bow Arrow Hospital, Dartford.

NIGHT SISTER.

West Kent Hospital, Maidstone.—Miss J. Munroe Kirkpatrick has been appointed Night Sister. She was trained at the Northern Hospital, Liverpool, where she subsequently had a year's experience on the private Nursing Staff; followed by six months as Assistant Housekeeper; and two years as Sister of a male accident and surgical ward.

SISTER.

The Seaside Convalescent Home, Seaford, Sussex.—Miss M. J. Barker has been appointed Sister. She was trained at the Royal Infirmary, Newcastle-on-Tyne, and has held the position of Sister in the Royal Naval Nursing Service, serving at the Plymouth, Malta, and Deal Naval Hospitals.

SCHOOL NURSE.

Lancashire Education Committee, Preston.—The following appointments to the position of school nurse have been made by the Lancashire Education Committee:—Miss Jessica Andrew, trained for three years at the Children's Hospital, Bradford, and at the Southport Infirmary for a similar period; Miss Lillian Doig, trained at the Infirmary, Kingston-on-Thames; Miss Isabella Elizabeth Dunlop, trained at the Victoria Hospital, Blackpool; Miss Elizabeth May Lawley, trained at the Manchester Union Infirmary, Crumpsall; and Miss Mary Alice Parkinson, trained at the Royal Hospital, Shetfield.

LADY VISITOR.

Burgh of Peterhead. Miss Mary M. Cowan, who received her training in connection with 5, Atholl Crescent, Edinburgh, has been appointed Lady Visitor. She is an Associate of the Royal Sanitary Institute.

FOREIGN APPOINTMENT.

Civil Hospital, Spezia, Italy.—Miss Violetta Thurstan has been appointed Matron. She was trained at the Children's Hospital, Shadwell, E., and the London Hospital, E., and was afterwards Sister of the Preliminary Training School of the latter institution, and of its Children's Convalescent

Home at Hythe, and has done temporary work in a surgical hospital in Spain. She has also been Home Sister at the Royal Infirmary, Bristol, Matron of the Children's Invalid Home, Duxhurst, and is at present Superintendent of the West Riding District Nursing Association, and Superintendent of the West Riding Midwifery Training School, which, as a keen educationalist, she has worked hard to establish. She is also on the County Insurance Committee and Secretary of the Leeds Branch of the Nurses' Social Union, and has recently been elected a member of the Matrons' Council, and through it is brought into touch with the International Council of Nurses.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Harriet L. Goodwin is appointed to Manchester, Ardwick Home, as Assistant Superintendent; Miss Lily Hames, to Greasley; Miss Lily Parker, to Swinton; Miss Emily Powell, to Radcliffe; Miss Kate Robinson, to Cumberland, as School Nurse; Miss Jessie Skelcher, to Nelson; Miss Annie Sortwell, to Killburn.

THE ALBERT MEDAL FOR MISS ELIZABETH HOLLEY.

The King has been pleased to approve of the Albert Medal of the Second Class being awarded to Miss Elizabeth Holley, a nurse at Kingsdown House, Box, in the county of Wilts, in recognition of her gallantry in endeavouring, at great risk to her own life, to save the life of a lady patient who, while in her charge, was killed by an express train at Box Station, on the Great Western Railway, on November 22nd last. We note with sincere pleasure the Royal recognition of Miss Holley's dutiful courage.

PRESENTATION.

Miss du Sautoy, the popular County Superintendent and Inspector of Midwives for Somersetshire, has been presented with a bureau, bearing a suitable inscription, by the nurses and midwives of the county on leaving to take up her work as Q.V.J.I. Inspector for Wales. She has also been the recipient of some beautiful table silver in an oak case, given by the County Committee and the local Hon. Secretaries. The presentations were made privately by Miss du Sautoy's desire, but many of her friends wished that an opportunity had been given them to wish her well in her new work. Her ready help and sympathy will live long in the memory of her many Somerset friends.

RESIGNATION.

Many nurses will learn with regret of the resignation of Miss E. Fisher, who since 1890 has held the position of Lady Superintendent of the General Infirmary, Leeds, with disjunction, and during that time has trained many nurses, who are now holding responsible positions in various parts of the world.

NURSING ECHOES.

The Cleveland Street Branch of the Central London Sick Asylum Nurses' League will hold an "At Home" on Saturday, the 8th inst., from 4 to 8. The Matron, Miss C. B. Leigh, is President, and is always a most kind and delightful hostess.

We are pleased to learn from Miss Rundle that the Training School in the Nursing of Pulmonary Tuberculosis and Post-Graduate Course of Lectures recently inaugurated at the Royal Hospital for Diseases of the Chest, City Road, E.C., promise to become a great success. This is good—original ideas and lines of work are not invariably welcomed in conservative London, but we feel sure there is a great field of usefulness in connection with this scheme. District nurses specially require such facilities to fit them for their future work.

Miss Durham, who has been with the Montenegrin Army throughout the war as war correspondent, and also helping to nurse the sick, writes "that all the foreign Red Crosses are leaving just as the need for help will be most dire."

Miss Keogh, past President of the Irish Nurses' Association, was in Athens when war in the Near East broke out, and for some time past she has been well to the front, taking a very active part in nursing the Greek soldiers in connection with the Crown Princess' hospitals.

We are glad to know that quite a few thoroughly trained British nurses have offered their valuable services to the wounded—and paid their own expenses to the front. Let us hope before there is another European war the British Red Cross Society will have realised that trained nurses must be included in the units sent to relieve the suffering of sick and wounded, or will stand aside and let others who do realise the value of the work of women nurses organize a Corps for the purpose. The British public have given generously to the British Red Cross funds in response to the advertisement that "nursing" was included in its sphere of relief in the Near East; and, behind the times as we are, we have not yet arrived at the conclusion that a hospital porter can be considered an efficient substitute for a hospital trained Sister!

Three more nurses from the London Hospital left for Greece on Tuesday, the Crown Princess having asked for more assistance.

Sister Edith Tucker has sent home from Salonika an account of the impressive funeral of the late Nurse Barnes, which appears in the *Cardiff Western Mail*. She writes:—

"The loss of Nurse Barnes was a frightful blow to us all; she was ill just a fortnight, and had typhoid in its very worst form. We had the Crown Prince's physician attending her, and also numerous other doctors. The Crown Prince gave orders that she was to be buried with full military honours—a thing which has never been done in Greece before for a woman, except of Royal blood. The *Yarmouth* was stationed here, so it was arranged for them to take part, too; so every honour was paid to Nurse. Such a funeral has never been seen in Salonika before.

"First of all came the guard of honour and officers and doctors from all the military hospitals; then the English sailors with the gun-carriage, and all the English officers in full uniform; the English Consul and his wife; and practically all the English residents and people from all hospitals in the town—Dutch, Italian, &c. I was standing speaking to the English Consul, when I heard a murmur of 'The King,' and, looking round, saw Their Majesties with Prince Andrew and Princess Alice. I went up to Their Majesties, and they both expressed their sympathy with us all. We entered the room, the Royal party standing round the coffin. The King asked for all my English sisters; and we entered, too, with an officer of high rank, who made a speech in Greek over the coffin (a custom out here), and then he placed a large wreath on the coffin. Afterwards the King gave orders that officers should come and carry the coffin to the front hall, where the first part of the service was to take place. I explained to His Majesty that they could draw the carriage better; and this was done. He also gave orders that the orderlies should walk in front, and carry the wreath, &c.; and so Nurse left her sick-room—the Royal party walking next, and then ourselves. A short service was held in the front hall—everyone standing; and the hall and corridor were crowded after the service, during which time I stood between the King and Prince Andrew. The King sent Prince Andrew for the English captain to call his men; and then, placing a hand on the carriage, he helped to guide it himself. The petty-officers then lifted the coffin, and carried it down the steps, and placed it on the gun-carriage. The Royal party stood on the steps; then, drawing to one side, they allowed us to enter a carriage; and we started for the cemetery, which was about three-quarters of a mile away. There the rest of the service was held, and the volleys fired.

"It was one of the coldest days we have had here, and everyone was frozen. Can you imagine anything kinder than Their Majesties coming? They are so nice and simple in every way. One quite forgets one is talking to Royalty. Everyone could not get over them coming; and they think it was a great honour to all English people out

here; and the Greeks all say that more honour could not have been paid to anyone of Royal blood."

The West Ham Board of Guardians are still demanding power to give members of the nursing staff one day's rest in seven, and at its last meeting the reply of Mr. John Burns, President of the Local Government Board, refusing to sanction the request, was circulated. After some discussion it was decided to leave it to the Clerk to write to the Essex members, the leaders of the Opposition, and the members of the Labour Party.

The members of the Frome Branch of the Nurses' Social Union held their first annual meeting on January 18th at the Victoria Hospital and Nurses' Home, Frome. Miss Symonds, who kindly presided, gave an interesting account of the extension of the Union during the past year, and explained the privileges of its members, on whom depend its future work and development. The illuminated address which had been presented to Miss Joseph on her resignation of the post of County Organizer, was shown to the members and associates, who were pleased to have been allowed to share in the present. Miss Joseph's kind help and interest in starting the Frome Branch last year will be remembered by its first members as a small part of her many years' work for the county. A pleasant tea-party in the nurses' sitting-room followed the meeting, and the members and associates look forward to welcoming Miss Symonds to Frome again on March 11th, when she has kindly promised to give them a lecture.

Mr. D. F. Pennant, of the Queen Victoria Jubilee Institute, speaking on the position of the nursing profession and the Insurance Act at Crewe, at a meeting of the Cheshire County Nursing Association, expressed the opinion that a standard charge of 10s. 6d. should be made for one of the Association's nurses in cases where the beneficiary was in receipt of maternity benefit. For the services of a thoroughly trained Queen's Nurse such a charge might be fair, but for a village nurse, paid a salary of from 15s. to £1 a week, the profit made on her work by the Association would be altogether indefensible. The quality of the nursing to be given to the sick insured and the remuneration of the nurses by lay committees is a question which requires very careful watching and consideration. Certified midwives must also take care that their work under the Act is not monopolised by

County Nursing Associations and farmed out to poorly salaried workers.

The first quarterly meeting of the Irish Advisory Committee of Queen Victoria's Jubilee Institute for Nurses was held at the office, 63, Dawson Street, Dublin, last week. The Countess of Mayo was unanimously elected Chairman. Several matters concerning the duties of the Queen's nurses in connection with the National Insurance Act and sanatorium benefits were fully discussed.

The South African correspondent of the *Lancet* gives an interesting report concerning the Cape Hospitals and Charitable Institutions Ordinance, which comes into force in the Province of the Cape of Good Hope on March 1st next.

A point alleged during the Committee Stage of the Bill was that the existing system of staffing hospitals with European nurses was partly responsible for the "Black Peril," and an impracticable resolution was moved prohibiting European nurses from being employed in coloured or native wards. We have no hesitation in saying that there is no nursing duty which a European nurse cannot, if necessary, perform for a sick native, and yet maintain her own professional dignity and retain his respect.

The resolution was withdrawn, and one incorporated requiring that six months after the coming into operation of the Ordinance every board must provide sufficient orderlies, ward boys, and native or coloured ward maids or nurses to perform all menial duties in wards where native and coloured male patients are treated, but enabling European nurses in these wards to supervise their work, and render necessary professional assistance. Provision is also made that no manager or Matron of any institution can be appointed until twelve days after the Administrator has been notified of the proposed appointment unless he has previously approved it.

The reason for this appears to be that unsatisfactory appointments have been made in the past, owing to the boards not having troubled to make proper enquiries.

For the future every Matron, Sister, Staff Nurse, Head Nurse, or Charge Nurse must be registered by a Provincial Medical Council. This provision is made with the object of remedying a defect in the Cape Medical Act, which gives the Medical Council jurisdiction over the professional conduct of registered, but not of unregistered nurses, and thus encourages nurses to remain unregistered.

A fundamental defect in the Act is that the discipline of registered nurses is placed in the hands of members of the Medical Profession and not of their own, and legislation is urgently needed to remedy this, as has been forcibly urged by the late Sister Henrietta, of Kimberley, through whose efforts nurses obtained their registration in South Africa, and by Dr. Moffat, formerly Resident Medical Officer at the New Somerset Hospital, Cape Town.

The Nurses State Registration Board of Queensland has issued the regulations dealing with the supervision of training schools, schedule of studies and methods of examination for general, obstetric, and mental nurses. These regulations, it is satisfactory to note, says the *Australasian Nurses' Journal*, are for the most part based on those already adopted by the Australasian Trained Nurses' Association.

IRISH NURSES' ASSOCIATION.

A most interesting lecture on "The Treatment and Cure of Consumption," at which the chair was taken by Miss Reeves, was given by Dr. Crofton, in the lecture-room of the Irish Nurses' Association, 34, St. Stephen's Green, on January 29th. The lecture was very well attended, the subject being one of great interest at present to Irish nurses, many of whom are taking out a special course of training in the treatment of tuberculosis.

The lecturer touched first on the means of preventing people contracting the infection, laying stress on the fact that the nurse should be as careful in the disinfecting of her hands, and all clothing or anything coming in contact with a patient, as she would be if nursing a case of typhoid or scarlatina.

Dr. Crofton then went on to explain that where there was congenital lower resistance to the disease, or where the resistance was lowered by other causes, such as chronic catarrh, the power of resistance could be raised by inoculation. He is of opinion that all children should be inoculated.

Many most interesting statistics were given by Dr. Crofton, showing the satisfactory results from intravenous inoculation with iodoform dissolved in ether. The lecturer stated that he believed that preventative inoculation was the coming treatment, and in his opinion was the only cure for such diseases as consumption, cirrhosis of the liver, diabetes, heart diseases, and all diseases caused by the circulation of toxins in the blood.

THE HOSPITAL WORLD.

When we travel abroad we soon realise—and, praise be, we now acknowledge—how cramping is insularity. Time was when nurses at home thought fit to shed many admirable attributes and customs when once away from the old country, on the assumption that things were second rate in our colonies and abroad. The more we travel, the more shocks to our self-esteem we encounter, and the more chastened we return. Many of our Children's Hospitals are beautifully managed, but we recently paid a visit to a very disorderly one, and later when reading a cutting from a New Zealand paper, headed "A Pleasant Place of Healing," which referred to a visit to the Children's Hospital at Wellington, we hesitated to compare them. Here is a quote:—

It is difficult to over-estimate the comfort and spotlessness of the hospital. In the fireplaces—themselves things of simple artistic beauty—are blazing cheery fires, the coverlets and pillows have gay pink stripes, and on the walls are set the exquisite Doulton panels, each illustrating, with marvellous sympathy and humour, a nursery tale. The children delight in the story-pictures, and point out to the visitors Simple Simon and Jack and Jill with the air of proud proprietorship. One is certain that Mr. Thompson, the artist, would have felt amply repaid for all his work could he see how it cheers and pleases.

But besides the wards themselves, there are many places to see. The operating theatre—where only last night a little life just hovering on the threshold of death was snatched back—is a marvellous place, fitted up—as the matron says, with justifiable pride—with the very latest appliances and fittings. Everything makes for perfect cleanliness and purity—the aluminium ventilators and table, the glass shelves, the marble slabs, the wonderful sinks (with hot and cold geysers you work with pedals), the cruel kind of instruments in their great glass cupboard. The stands for bottles and instruments have rubber castors so as to move silently. Verily, the men who fight here against disease are well equipped for the strife. The bathrooms are singularly attractive, and one wishes it had been tub time, to see the babies enjoying themselves in the white baths, raised on legs so that the nurses need not stoop unduly. There are bigger baths—also raised—for the elder children, and a portable one that can be wheeled into the ward in case a child is too ill to be moved out. All these baths are snow-white porcelain, and of generous width and depth. Here, too, are driers for the packs that are sometimes needed.

The kitchen is quite as fascinating, with its white wood and whiter tiles. Two nurses are busy preparing the children's bread and milk, and an electric kettle is singing cheerily. The patron

opens a little door in the wall, and shows an ideal safe, with marble slabs and perfect ventilation. The very windows are fitted with an appliance that allows them to open with a turn of a handle, and out of the great staircase window we watch a patient from the main hospital paying a little visit to her small daughter here, giving evidently counsel and affection blended, before the girl dances cheerily back to the ward.

Do not let us make the mistake, therefore, of offering anything but the best in nursing and hospital work to our Dominions overseas!

REFLECTIONS

FROM A BOARD ROOM MIRROR.

We congratulate the Committee of St. Mary's Hospital, Paddington, in that two ladies have been elected on the House Committee.

This is, we believe, the first occasion that any Committee of a London Hospital with a medical school attached has taken so eminently reasonable a step, and it is one which we feel sure will never be regretted.

The jealous exclusion of women from the House Committees of public charities which control the nursing schools and domestic departments and deal exclusively with the conditions of thousands of women nurses, domestics and patients, and which moreover accept generous financial support from women, cannot with any reason be continued in the future.

Let us hope that the other large Metropolitan hospitals will soon follow the progressive policy of the managers of St. Mary's Hospital.

Queen Amelia paid a private visit to the New Hospital for Women in the Euston Road on Tuesday in last week, and expressed her appreciation of the good work the Hospital is doing.

Sir Squire Bancroft, whose readings in aid of hospitals were interrupted by ill health last winter, now proposes to bring them to a close and to give a Farewell "Reading" of Dickens' "Christmas Carol," to complete as his gift to hospitals by this means the sum of twenty thousand pounds. Sir Squire Bancroft's first public Reading was in aid of the Middlesex Hospital, and he will give the final one in London for the same great charity in which he has long been interested, having served on the Weekly Board for twenty-five years.

The Reading will take place on the afternoon of Tuesday, March 11th, at the St. James's Theatre, which has kindly been lent for the purpose by Sir George Alexander.

Lord Donoughmore, the treasurer of the London Homeopathic Hospital, Great Ormond Street, W.C., has received £300 from Mr. Otto Beit through Dr. Burtford, for the furnishing of the "Rylands" Ward in the hospital. This amount

completes the Furnishing Fund of the New Sir Henry Tyler Wing, which gives an addition of 65 beds to the institution, making 105 beds in all. The cost of the building of the new wing and site was £44,664 and the furnishing £3,400, making a total of £48,133, the whole of which amount has been raised during the last six years.

The Board of Management are now making an urgent appeal for £11,000 to complete the New Home for Nurses, which has been erected and furnished at a cost of £18,500, of which some £7,500 has already been subscribed, including £500 from the King Edward's Hospital Fund, to whom the plans were submitted and approved.

The Board of Management of the Chester Infirmary have received the handsome sum of £3,000 from Messrs. Summers, of Harwarden Bridge Ironworks, towards the extension of the institution. The Board reported at the Annual Meeting recently that nothing could be more satisfactory than the position of the staff and the way in which the whole institution was being managed. Economies had been accomplished which they had not thought could be achieved, and there were many instances of the untiring exertions of the Matron, Miss Blayney.

John Bull has some pertinent remarks on "Charity" balls. It states that the result of one of these much-belauded charitable efforts is that £15,000 has been spent on costumes, £1,000 on suppers and refreshments, and £2,000 has been raised for the hospitals. We are not surprised. If note is made, it is usually the same society set which runs these very lucrative charity ventures. Like the old society charity bazaar—now defunct—it is time their finances were overhauled by a reputable firm of auditors. There would be some little surprises beyond the pale!

THE PENAL REFORM LEAGUE.

In the Fifth Annual Report (1912) of the Penal Reform League, discontent amongst prison warders is said to be coming to a head, and the report pleads for better pay and the abolition of fines, vexatious punishments and secret reports.

A review of the year notes, amongst other matters, a movement among University women for women higher officials in women's prisons (Berlin being cited as an example), the work of the Central Association for Discharged Convicts' Aid, "Preventive Detention" at Camp Hill in the Isle of Wight, the movement for better working of Juvenile Courts, the Bills on the Feeble-Minded, the "Crime and Inebriety" Section of the National Conference of Prevention of Destitution (Sir John Macdonell's noteworthy presidential address being specially referred to), and the Eugenics Congress. To illustrate the dangers of deficient investigation in the courts, a sensational example is cited from Scotland, in

which a girl ran away for fear of being poisoned by her demented parents and was packed off to a school. The girl went from one institution to another, and in the meantime two other children of the family were poisoned.

The Report brings many "preventive" agencies under review, especially educational, amongst others the "Montessori Method" and the "Little Commonwealth," to be opened in Dorsetshire in the spring; and ends with an urgent appeal for funds. Amongst some of the things worth spending money on we note the employment of carefully selected gentlewomen as trained nurses and to superintend catering, cooking, and serving arrangements in all prisons, and for all the higher posts in women's prisons.

The general object of the League, which is to interest the public in the right treatment of criminals, and to promote effective measures for their cure and rehabilitation and for the prevention of crime, must commend it to all thoughtful persons.

Copies of the Report may be obtained for 2½d. post free, from the office of the League, 1, Harrington Square, London, N.W.

SANDOW'S HEALTH AND STRENGTH COCOA.

The importance of purity in food and drink is increasingly appreciated by trained nurses, who realise the disadvantage of doctored articles, and the serious consequences which may ensue if delicate and actually ill patients are given food containing ingredients unsuspected by the doctor who regulates the diet.

Mr. Eugen Sandow has lately been widely advertising the fact that his Health and Strength Cocoa is entirely free from added alkali in any form whatever, and this statement is supported by the report of Mr. E. Godwin Clayton, F.I.C., F.C.S., analytical chemist, which states "I have analysed Sandow's Cocoa, and find that there is no added alkali."

This is important in view of the fact that Mr. Sandow points to a considerable volume of medical opinion which goes to show that the general custom of manufacturing cocoa by what is known as the Alkali process, whereby the cocoa, as it reaches the consumer, contains a percentage of alkali in a neutralised form (usually potassium salts), is to be deprecated.

In view of the analyst's report Sandow's Cocoa, manufactured from the pure cocoa bean, without addition of any kind, may be relied upon as an absolutely pure beverage and welcomed as such, containing, after the excess of fat has been removed, the elements of a daily beverage in ideal proportions, while its delicious quality and flavour need no emphasis to those who have once given it a trial. For these reasons many members of the medical profession make a point of ordering Sandow's Cocoa for their patients.

OUR FOREIGN LETTER.

Scuola Convitto Regina Elena,
Policlinico, Roma.

For at least a month I have been trying to find time to bring the report of the National Training School of Italy up to date—but in vain. Events moved too quickly; and only now, when the last days of my actual membership of the school are over, can I attempt to give some idea of the progress made since the summer report sent to the Congress.

The certificates and medals announced for presentation at the Quirinal Palace by the Queen have not yet been conferred. The ceremony will take place the end of this month, or early in February; and the delay has this advantage, that all the seventeen nurses who passed the theoretical exams, in June, but all of whom had not completed their two years' ward work, by December, will have now done so. And the next report from the S.C.R.E. will, I hope, be accompanied by a photo. of the first Italian graduates, and a full account of the ceremony, which will be the outward sign of the most solid rooting of the plant of Italian hospital reform.

The new dining-room was completed early in December, and meets with universal admiration. It holds comfortably 100 people; has 10 large windows, four of which give glimpses of Rome in Campagna and distant Sabine mountains. It is painted in brown and cream, has cream muslin curtains in the windows, Vallombrosa brown and cream chairs, and brown tables (which are small, holding 12 to 14 people), all of which form a perfect *fond* for any scheme of flower-decoration. A practically designed pantry adjoins the dining-hall, and a lift communicates with kitchen and servants' hall.

Four more huts have been added to the first—prepared and taken over giving us in all 37 bedrooms, five sisters' sitting-rooms, a good sewing-room, and charming sick-room; whilst the last hut is turned into a class-room of amplest proportions (12 large windows), so that the professors and doctors have every convenience for lecturing, the massage-sister for her classes; and, whenever possible, to hold preliminary classes for new probationers, the sister has all the material needed for demonstrative instruction.

Before dining-room and huts were really in use, it was decided to take over the third pavilion, with its 72 beds and six to eight bedlets and cots. As it was surgical, a theatre and dressing-room had also to be staffed. All the staff-nurse posts are now filled by Italians, the English holding those of sister and sister on probation.

A very choice smart body of nurses took over the Women's H Padiglione on December 2nd, at four o'clock, their ward-sister giving them tea previously in the staff-nurses' sitting-room. The chief, Professor Feretti, himself made the evening round; and the idea of being nursed by "Signo-

rine," having now become popular, the nurses found a great difference in the attitude of the patients to that of those at former take-overs. Whilst all the evening doctors from our other wards kept dropping in (exactly as in English hospitals), to congratulate the new sister; and the ward and its annexes looked smart with the fresh paint plants and flowers, screens, and open and shut-able upper windows (which latter had been extracted by endless *buoni* from the administration).

But a week later, on taking over the men's ward, a most exciting event occurred. We were used as excuse for a threatened strike—the whole staff of the other 14 wards, and the *portantini* (ward maids and orderlies) of our own six, refusing to go on duty at six—the hour they always "mount and dismount"—unless the Signorine retired from the H. Padiglione.

We, however, received no official or unofficial intimation; and the staff for the men's ward, after tea, went over at four o'clock, as the others had done, to the women's ward. The Professor came a little later and went the round, all apparently perfectly quiet. But the old infermieri refused afterwards to give the *consegna* to the new sister, and it gradually became known that all their comrades were in the central hall declining to go on duty, and that carabinieri and policemen were being called in, and the Direttore Generale or Regio Commissario had come to see what could be done to solve the question.

Meanwhile, the Sorveglianti (a sort of superintendent of infermieri), came to all the wards, with orders that the day staff (only ward-maids and orderlies in ours), were not to leave the wards until they were somehow replaced! Our nurses, of course, came on and off duty, as usual; and at nine o'clock we heard the tramping of many feet, and talking of many voices, and knew that the crisis was over, and the old staff had decided to return on duty. Enquiry elicited the news that—strikes in hospitals being penal—the staff had, after three hours' excited discussion, been convinced that it was wisest to accept an offer of the Regio Commissario, to receive a deputation next morning, and to do all in his power to obtain the various ameliorations for which they had been agitating the last five months, and to refer the question of the signorine to Government.

The papers next morning contained full accounts, ending with the phrase, "Le signorine rimanevano al H Padiglione." And our information as to following events was taken from the papers, as the whole matter so far as we were concerned was entirely ignored, and "the signorine remained" most quietly and unconcernedly at their posts, whilst the Regio Commissario informed the would-be strikers that their reasonable demands for better pay, more compensation when dismissed on account of age or "matrimony with too many children," and the finding of posts for all who were worthy, would be shortly satisfied, but that regarding the S.C.R.E.

it was placed at the Policlinico by the Government, and the H. Padiglione had been officially given to it according to arrangements made some time before.

So there it ended! Whether the inferri have gained what they wanted we do not know. Probably they are still waiting for everything that could be was put off then till the New Year and "after the Feste," and now they may defer again "till after Carnival," only the signorine remain, and increase.

From 16 English and 18 Italian nurses in December, the staff now numbers 14 English and 52 Italians. A fact of very deep importance is that amongst the eight last probationers, four are nuns. From the commencement we have had two Florentine nuns as probationers (now staff nurses), and their example has at last helped to convince everyone that the training of Suore is not an impossibility. So, on January 1st four of the Roman Suore di Carità entered the S.C.R.E., garbed in white overalls (grandinloni) over grey washing skirts, with elastic on sleeves enabling them to bare their arms for work and disinfection.

The question of the Government taking over hospital and school is a matter which I leave to Matron to relate in the near future. It is still being worked out, and notice would be at present premature.

I may say, though, that one outcome which has taken place is the commissioning of someone in authority to choose the site of a future Nurses' Home—Convitto—which will be of sufficient size for the nursing staff of the Policlinico, 100 to 150 beds.

The Queen has shown more than ever her interest in *her* school, surprise visits and still more surprise gifts at Christmas being the latest outward proof. On Christmas Eve large hampers containing various provisions—fruit, sweets, cakes, &c.—and a sweet little Christmas tree, all "dressed," appeared, a charming letter from her secretary expressing Her Majesty's wish that the tree should be for the nurses, and not "in the generosity of Matron's heart," be handed on to the patients. Later on a supply of "very special tea" arrived and on New Year's morning large baskets of glorious flowers.

Our festivities were managed—in spite of ward and other takings over as usual; only, in accordance with the customs of the country, and because of the growing expense with increasing number of pavilions, gifts and decorations were not gone in for in the wards, but only a cosy little "merenda"—Italian equivalent for tea was given to the patients at three o'clock on Christmas Day. Midnight Mass had been granted us, for the first time, in the Hospital Chapel, and some thirty S.C.R.E. nurses sang there the "Adeste Fidelis" (with six of the S.C.R.E. nuns), the solo part taken by Sister Whyte.

Our nurses' parties were on January 1st and 3rd, and were "more than ever successful" we were told on all sides. We had not attempted

any play, as the delay in erecting new dining room (it was promised for October 1st) caused too much inconvenience to allow for rehearsals. But we were blessed by the possession of a real musician in the person of Miss Ethel Horsley (temporarily with us), and by the kindness of Miss Weedon Cooke (sister to S. Cooke, H. Pad. Donnel), who consented to become a new incarnation of Mrs. Jarley, and improvised it as that of a Chinaman, in genuine costume and pigtail, speaking in pigeon Italian, and, with Miss Horsley's perfect piano accompaniments, making everything a complete success.

English and Italians joined in being the wonderful "puppazze" (puppets), which the Chinaman declared he had himself made able to sing and dance, which they proceeded to do as Geisha girls, Watteau minuet figures, ten little nigger boys, &c., &c. Other kind friends sang delightfully, and a young Russian violinist, Mdlle. Assia Schucht—who hopes soon to make her *début* in Paris or London—gave us exquisite renderings of Schumann's "Rövere," "Serenade Kubelik," Wieniewski "Souvenir de Moscou," &c.

The final tableau represented "Italia e Britannia," robed in historic garb, with their respective flags draped in the background, introduced by Chinaman Jarley as "two nations who worked together in perfect friendship in their task of nursing," and whom he called on us to salute with hopes for long continuance of friendly co-operation, while Miss Horsley played the "Marche Reale" and "God Save the King."

M. A. TURTON.

DEAFNESS CAUSED BY TEA.

In the *Proceedings of the Royal Society* a case of deafness caused by tea drinking is reported, which might be taken to heart by some nurses. The patient was subject to worry and found that strong tea cheered her up, and admitted taking it as often as eight or ten times a day. She could only hear a whisper or the ticking of a watch at six inches from both ears. The tea drinking was stopped, and in four weeks the hearing improved to 18 inches for watch and whispered voice. The habit was resumed and the deafness returned. On again giving up the habit normal hearing was restored.

FATIGUE AND SLEEP.

The *St. Louis Medical Review* states that athletes find that repose without sleep best relieves fatigue after prolonged strain. The reason for this is that the internal secretion antidote to fatigue products is more rapidly formed during waking hours and more freely supplied to the muscles when the blood is not accumulated in the splanchnic area.

OUTSIDE THE GATES.

WOMEN.

Last Saturday was kept as the "Day of Remembrance and Intercession" in many cathedrals, chapels and churches, the following short "commune" having been sent privately all over the country. It is the outcome of a wide-spread need for some expression other than those of excited anger and disappointment which has filled the papers these last few days:—

A COMMUNE FOR THE HOUR OF NOON.

O Thou, Whom Will is done on earth even as in Thy holy heaven, Thou Who accomplishest all things after the inevitable order of Thy holiness. Who hast led us by devious paths to the fuller consciousness of what Thy Will may be for us this day, shed now Thy Light upon those who turn their faces toward Thee. Fill us with a sense of Thy perfect power, of Thine unalterable steadfastness. Cause us to look for guidance, that we may see with Thy Sight and desire with Thy Desire the perfect Good.

In Thee all things rest. In Thee all things have gathered the strength to be, growing into Conscious need of fuller life, growing into completer vision of the Larger Day.

Of Thee we would receive this hour Thy great gift of wisdom, of clear sight, of pure resolve, of perfect love. The silent approach to Thee gives calm and stillness. We would learn of Thy great ones of old their power of listening, their power of stillness. In this power things were accomplished which changed the face of the world, drove back the relentless waves of the sea, and caused impregnable walls to fall.

As willing workers in the cause of Truth and Light we pray to-day to be obedient, unself-seeking, attentive, ready to receive guidance, so that our service may be taken up into that larger Service wherein is no more "mine" and "thine," but all has its part in one divine Plan.

The Labour Party passed a resolution at its Annual Meeting last week calling upon the Party in Parliament to oppose any Franchise Bill in which women are not included.

Meanwhile, Ministers and their residences are closely guarded by police and detectives, and for fear of damage Kensington Palace, Hampton Court Palace, Kew Palace, and Holywell Palace are closed to the public until further notice.

At the suggestion of several friends and fellow-workers of the late Miss Octavia Hill, a large and representative committee has been formed to commemorate in some suitable and permanent form her noble public services and the esteem in which she was held.

Miss Hill is known to have advocated the association of places of natural beauty, permanently secured to the public with the memory of departed friends, and for this and other reasons the committee have decided that the memorial shall take the form of some hill or other open space within easy reach of London, and well known and valued as a place of resort. Upon the land would be erected a simple stone inscribed with a statement of the circumstances of the acquisition.

BOOK OF THE WEEK.

FAUSTULA.*

Since Mr. Marion Crawford set the fashion we have had many novels about noble Roman families. "Faustula" takes us back to the days of Constantine, the persecution of the early Christians, and the atmosphere of martyrdom. The phraseology, however, does not suggest such a remote age, and although its modernism is a little unconvincing, we are bound to say that our patience is less taxed than with the pompous language some writers assign to that period.

Faustula cost her mother Accia her life. Her indolent patrician father was not well pleased at her advent, as we learn from a remark to his little daughter Flavia: "You won't be pet rabbit much longer. Your mother cares only for the last. Why can't you go on being the last?" After so well considered a pause: "Why *should* your mother begin again?"

Out of the shadow a lady came rather hurriedly. "Faustulus, where have you been? I've been sending for you everywhere."

"Not quite everywhere. What is the matter? Poor Accia. Is Flavia's new rival come, or on the point of arrival? Yes? I hope Accia is not very uncomfortable, not suffering much; not frightened surely?"

The little daughter, deprived of a mother's care, was brought up by her Aunt Sabina, who although a heathen allowed the child to stay with the Christian family of Acili. The boy Fabian from the first has a protecting chivalry towards the lonely imaginative child. At the early age of ten Faustulus determines that his little daughter shall become a vestal, and it is from this time that the most interesting part of the story begins. Faustulus had married a second time. "He knew his wife very well by this time, and it was not hard to imagine the slow misery the child would endure were she to continue to live with her."

"You will be quite near us," he said to the child, "just round the corner. You will come and see us often?"

"Never if I can help it," she answered without a smile of any sort.

The description of the daily life of the vestals in the Atrium is very interesting. They lived in splendour and luxury, but the child Faustula naturally found these poor consolation. "She scanned her fellow captives and her splendid prison and disliked them both. The vestals were well enough, but in their loveless company how could she find a home? Extremely unlike her father, a certain whimsical unaccountableness had descended to her from him.

One night not very late Faustula was sitting beside Claudia while the other took her turn in attending on the Sacred Fire.

"What would it matter," she asked, resting her chin on her hand and leaning forward, "if it

* Chatto, Windus & Co., London

did go out?" Claudia, is it true," she whispered with a terrible fierce eagerness, "that for some things they bury us alive?"

"Yes."

"In the ground? I would rather be buried alone and be dead in a week than be buried alive for four score years."

Years after Fabian found the way to meet her and talk with her. For this offence he is to be flogged at a gladiatorial combat, which the vestals had to witness "seated beside the Emperor's throne of gold and ivory." It was during the sickening display that Faustula publicly declares herself a Christian, and being found guilty of meeting her lover, although no guilt was theirs, she is condemned to be buried alive. We read with relief of her deliverance by Fabian, who himself has miraculously escaped death.

"It was in the little chapel under Dommo's house that Christ blest her union with the only friend of her desolate orphaned childhood."

Admirers of Mr. Ayscough's former works will not be disappointed by his latest.

II II.

READ

"The Dafodil Fields," Mascfield's great new poem, in the February number of the *English Review*.

COMING EVENTS.

February 8th.—The Cleveland Street Branch of the Central London Sick Asylum Nurses' League. At-Home, 4 to 8 p.m.

February 10th.—Central Midwives' Board Examinations. London, Birmingham, Bristol, Leeds, Manchester, and Newcastle-on-Tyne.

February 11th and 12th.—The Central Poor Law Conference, Guildhall, London, E.C.

February 12th, 19th and 20th.—Trained Women Nurses' Friendly Society. Meeting of Committee of Management, 431, Oxford Street, London, W. 5 p.m.

February 18th.—The Nurses' Choral and Social League, Annual Concert, the Town Hall, Kensington. 8 p.m.

February 20th.—The League of St. Bartholomew's Hospital Nurses. Course of Lectures, "The Industrial Position of Women," by Miss Constance Smith. Clinical Lecture Theatre, St. Bartholomew's Hospital, E.C. 5.30 p.m.

February 20th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture by Dr. William Taylor on "The Signs and Symptoms," 7.30 p.m.

A WORD FOR THE WEEK.

It isn't the work we intend to do,
Or the labor we've just begun,
That puts us right on the ledger sheet
It's the work we've really done.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

TRAINING IN HOSPITAL HOUSEKEEPING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR.—Thank you very much for your extremely kind notice in THE BRITISH JOURNAL OF NURSING. I have already had many enquiries, and the two first vacancies are practically settled.

With kind regards,

Yours sincerely,

JANE P. ROBERTSON,
Matron.

Lord Mayor Treloar Cupples'
Hospital and College, Alton.

A NATIONAL ASSOCIATION OF NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING

DEAR MADAM.—Kind as are the intentions of Mr. Pollitt, how little he can realise the chaotic condition of nurses in England. No doubt the mere suggestion to discuss such a scheme as he proposes would come within the prohibited "controversial" questions feared by the new régime at Bart's, and I'm sure nurses in many London hospitals would get the straight tip that they "had better not mix themselves up with politics" (everything is politics which might result in benefit to the rank and file) in the opinion of some hospital managers and their "senior officials." Co-operation, self-expression, self-government, any sort of demand for better teaching in hospitals, or less work, or more salary, is met with that subtle depreciation of the venture—some individual who advances such ideas, which soon convinces her that silence is her only chance of peace and preferment.

We must have legal status before we can combine effectually, because at present a "trained nurse" means nothing, and social influence can "place" the most ignorant women in power. Never was there a time in nursing when merit commanded less recognition than at present. No wonder many well educated girls hesitate to compete in it.

What we urgently need is State Registration. With it as a lever, we could live truthfully and rise high. Without it we can be ignored and depreciated for daring to think or aspire. We see the result of this abominable suppression in the poor little downtrodden dowdies we meet daily in cloak and bonnet, dusty and unbrushed, in every street in the West End, and we shall soon meet this pitiable type in our glorious old City, unless that demoralising resolution is rescinded at Bart's.

Yours truly,

MEMBER BART'S LEAGUE.

CO-OPERATION OF TRAINED NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In your magazine of January 25th a paragraph under "Nursing Echoes" runs thus: "The Glasgow and West of Scotland Co-operation of Trained Nurses in its Annual Report notifies that for the future nurses joining will pay 10 per cent. for their first two years, at the end of two years $7\frac{1}{2}$ per cent."

So far this is correct. Our arrangement of percentage has been since April 1908. The first two years the nurse pays 10 per cent. At the end of two years $7\frac{1}{2}$ per cent. until she has worked in the Society for seven years. At the end of seven years the percentage is reduced again to 5 per cent. We have about seventy nurses, who are paying only 5 per cent., and this number being constantly added to.

I am, truly yours,

H. M. ROUGH,

1st Superintendent

Co-operation of Trained Nurses,

10-18, Sardina Terrace, Glasgow, W.

WRONGLY ACCUSED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, I wish to thank you very much indeed for sending me copies of your paper and for your sympathy and interest in my case in the Court of Session.

Yours most sincerely,

E. B. COUPER.

Matron.

Clackmannan Combination

Infectious Diseases Hospital, Alloa.

[We hope Miss Couper will not permit the unjustifiable accusations of which she has been found entirely guiltless to cause her further suffering and unhappiness. We feel sure she has the warm sympathy of her colleagues for not tamely submitting to wrong without protest.—ED.]

DOCTORS' FEES IN MIDWIVES' CASES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, Clause 18 of the National Insurance Act gives a doctor, when called in by a midwife in certain cases, the legal right to recover his fee from the Society which is responsible for payment of the maternity benefit. A good deal of discussion has centred round the point as to how societies can meet this liability without holding back part of the maternity benefit.

One suggestion made is that the midwife should charge an extra shilling on her usual fee to all insured patients and hand this extra money to the societies for a guarantee fund for payment of doctors' fees.

The National Association of Midwives wish it to be known that they entirely disapprove of such

a proposal. If acted on the effect of the proposal would be to make the maternity benefit 20s. instead of 30s. Societies and local committees would have credit for paying the full 30s., whilst the midwife would be the instrument for getting a shilling of it back again. To thus turn the midwife into a collector of fees (for other than her own services) would lower the whole standard and dignity of the midwifery profession.

I am, faithfully yours,

MARGARET LAWSON,

President National Association of Midwives.

6, Albert Square,
Manchester.

REPLIES TO CORRESPONDENTS.

Mr. Burgess, Croydon. It is necessary to instruct the present race of fathers and mothers in the care of infants, and their eagerness to learn is often pathetic. But instruction in this and kindred matters should begin long before parenthood, and we hope that a future generation will have the opportunity of instruction in the essential duties of parenthood before they assume its responsibilities. For the present, Schools for Mothers fill a necessary gap.

Maternity Nurse, Crewe. We are often asked how long a nurse should abstain from attending a maternity case after she has been in attendance on a case of septic infection in a lying-in woman. The rule laid down by the Central Midwives Board is the right one in such cases, *i.e.* for so long as it takes her to thoroughly disinfect herself and her belongings, usually about twenty-four hours. If she is thoroughly disinfected she is safe, and if she is not no lengthy period of abstention from attending on cases will make her so.

**OUR PRIZE COMPETITIONS.**

February 15th.—Describe the daily and general care you would give to the mouth and hair of a helpless patient.

February 22nd.—How might a case of scarlatinal nephritis be recognized, and how should such a case be nursed?

**NOTICES.**

The Editor hopes that every reader who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers, so that its constructive work for the profession may receive ever increasing support. Address of Office, 431, Oxford Street, London, W.

BUSINESS COMMUNICATIONS.

The Editor will be obliged if all business communications, such as requiring extra journals, &c., are addressed to the Manager, THE BRITISH JOURNAL OF NURSING Office, 431, Oxford Street, London, W., and not to the Editorial office at 20, Upper Wimpole Street, W.

The Midwife.

ASPHYXIA NEONATORUM.

Asphyxia neonatorum (asphyxia, or suffocation, of the newly-born) is caused by—

(a) Interference with the *foetal circulation*; due firstly to premature separation of the placenta with consequent cessation of the blood supply; and, secondly, to pressure on the head or cord. Also (b) by interference with *respiration* due to premature efforts at breathing, especially in a breech presentation, or to obstructed respiration.

Asphyxia neonatorum is of two kinds, Asphyxia Cyanotica (blue) and Asphyxia pallida (white). The difference between the two forms can be tabulated thus:—

ASPHYXIA CYANOTICA.

Infant cyanosed, firm.

Tries to breathe.

Umbilical cord pulsating strongly and regularly.

Facial contortions.

TREATMENT.

Turn infant on its abdomen, clear air passages with a piece of clean gauze or catheter. Encourage respiration by smacking the buttocks, rubbing the spine briskly with cold water. If this fails, sparate the infant. Place it in a warm bath (99° F.). Sprinkle with cold water, and again immerse in warm bath. Try artificial respiration for at least twenty minutes; if this fails, some authorities advocate placing a clean handkerchief over the baby's mouth and blowing down its throat.

If the baby does not at once show signs of responding to treatment, a doctor must be sent for.

ASPHYXIA PALLIDA.

Infant very pale, limp.

Makes no attempt to breathe.

Cord pulsating weakly, slowly, and irregularly.

Face still and motionless.

TREATMENT.

Handle as gently as possible; avoid all slapping, friction, or immersion in water, and at once start artificial respiration. A few drops of brandy may be poured down the infants' throat; it must be kept as warm as possible. Of course all mucous must be cleared from the air passages.

The midwife must send for a doctor at once in case of white asphyxia.

GLADYS TATHAM.

REPAIRING THE PERINEUM.

The question of the repair of the perineum when torn during labour is one which does not come within the province of the midwife to decide, but it is her duty to make a very careful examination to ascertain whether such a tear has occurred, and, if so, to notify a medical practitioner.

Dr. Frederick Blume, in an American contemporary, suggests a reason amongst others why the torn perineum is sometimes left unsutured, and it is one which midwives also should note, and should not allow themselves to be influenced by it. It is, as reported in the *British Medical Journal*, "that patients regard the torn perineum as a sign of incompetence on the part of the doctor. They are shocked, and they show that they are shocked, when their physician tells them that he has had to put a stitch or two into the skin. He feels sure they will criticise him severely in discussing his management of the case with other women, and especially with other women who have been attended by doctors who did not confess to perineal tears by announcing the insertion of sutures. More than this, when he meets with a really deep laceration—one which certainly ought to have six or seven sutures in it—he contents himself with putting in one or two stitches, and so risks failure of union altogether rather than confess to what his patient may, and almost certainly will, regard as the result of mismanagement. There are patients, it seems, who 'estimate the efficiency of the obstetrician according to the number of sutures which he uses in the repair of the perineum'; the fewer he puts in the higher he is in their regard!"

Our contemporary points out that "there are other things, of course, which must be attended to: the best method of managing the passage of the head over the perineum must be taken, the lateral posture in labour should be adopted, and the like; but the chief matter at present is to counteract the prevalent belief that laceration is always avoidable, and so make it possible for the conscientious man, without loss of prestige, to do what is needful and right."

Another reason why the torn perineum is sometimes left unsutured, and which Dr. Blume does not mention is, our contemporary states, "simply because the medical attendant does not look to see whether it is torn! He does not put a thumb on each side of the perineum and hold the parts aside; he forgets that after soft parts have been widely distended they fall together again naturally; he sees no gaping wound, and concludes that there is no wound at all." This is a point in routine practice about which midwives cannot be too careful.

OPHTHALMIA NEONATORUM.

The Public Health Committee of the London County Council reported to that body on Tuesday that the Council on November 8th, 1910, on its recommendation, decided to make an order declaring ophthalmia neonatorum a notifiable infectious disease under section 55 of the Public Health (London) Act, 1891. This order was subsequently confirmed by the Local Government Board, and came into operation on March 13th, 1911.

They reminded the Council that ophthalmia neonatorum is a dangerous condition of the eyes of an infant at birth, and unless prompt measures are taken for the disinfection of the eyes, impairment of vision, or even blindness, may result. Indeed, it is estimated that, of the total number of cases of total blindness in this country, between 30 and 40 per cent. are attributable to this disease. It is, however, a preventable disease, and it was for this reason that the Midwives Act Committee first directed attention to the desirability of making the notification of it compulsory.

The Public Health Committee report that they are now informed that the Local Government Board in reply to an enquiry made by the Medical Officer of Health of Poplar, has stated that the term "ophthalmia neonatorum," for purposes of notification, is not intended to be restricted to purulent ophthalmia caused by the gonococcus in the case of newly-born infants, but is to include cases of purulent eye discharges caused by other organisms when these discharges occur during the first few days after birth.

THE YORK ROAD LYING-IN HOSPITAL.

An interesting account of the work done at the General Lying-in Hospital, York Road, Lambeth, is published in the *Ladies' Field* for February 1st. Our contemporary is to be congratulated on the excellent pictures with which the article is illustrated, and which should certainly help to bring home to the public the work which is going on there.

PROPOSED MIDWIFERY SCHOOL IN WORKHOUSE WARDS.

The Wandsworth Board of Guardians have adopted a scheme embodying the establishment of a training school in midwifery for nurses in the lying-in wards at the workhouse. It is proposed, with the sanction of the Local Government Board, that eight senior probationers shall be allowed to enter on a fourth year of training, during six months of which they shall be taught midwifery, the remainder of the time being spent in the ordinary wards. No charge is to be made for the special training, but the probationers are to sign an undertaking to remain for the whole of the fourth year in the guardians' service at a salary of £18. Dr. A. E. Dodson, the medical superintendent at St. James's Infirmary, is to undertake the teaching. In con-

nection with the scheme the guardians have decided to ask the Central Midwives Board to recognise the lying-in wards at the workhouse as a training school for midwives.

THE NATIONAL ASSOCIATION OF MIDWIVES.

Mrs. Lawson, the President, and other officers of the National Association of Midwives, a Society always on the alert where the interests of practising midwives are concerned, have been interviewing the National Insurance Commissioners in regard to adequate representation of midwives on local bodies. The deputation was received by Miss Mona Wilson on behalf of the Commissioners.

THE MATERNITY BENEFIT.

The Billericay Guardians have decided to defer making the usual subscriptions to various parish nursing funds owing to the statement that since the maternity benefit had come into force the nurses' and doctors' charges had been largely increased. It is alleged that the charge for nurses has been increased from 7s. 6d. to 15s., and that the maternity benefit is being absorbed.

At the same time, 7s. 6d. cannot be regarded as a living wage for a skilled worker who attends a confinement and pays one or more daily visits to the patient for ten days subsequently, the first visit lasting several hours, and subsequent ones the best part of an hour. In addition considerable time is frequently spent in walking to and from the case. Men are so accustomed to see women overworked and underpaid that when they ask for reasonable remuneration when working under an Act of Parliament it appears an astonishing thing.

FREE RESTAURANTS FOR MOTHERS.

The free restaurants for nursing and expectant mothers (Cantines Maternelles), which now number seven, in Paris, have (says the "Woman's Platform" of the *Standard*) decided to join themselves into a federation in order to start a health campaign and enlarge their sphere of activity. At the present time all necessitous nursing mothers are, without any inquiries, provided with two substantial meals daily, breakfast and dinner, and the average attendance at each of the cantines varies from 50 to 80 per day. The restaurants, since their gradual development from one small room in the year 1904 to the present number, have proved of immense value in the poor quarters of Paris. As a federation the cantines will endeavour to secure the establishment of more baby clinics, subsidised by the municipality, more free restaurants, and the propagation among mothers of the simple rules of health for themselves and their babies.

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Vol. L.

EDITORIAL.

THE CARE OF LONDON'S CONSUMPTIVES.

Of great interest and importance is the recommendation of the Public Health Committee of the London County Council made at the meeting on Tuesday last—

"That it be referred to the Public Health Committee to prepare forthwith and submit to the Council a scheme for dealing with tuberculosis throughout the administrative County of London; that the Local Government Board be informed of the action taken; and that, for the purpose of preparing the scheme, the committee be authorised to confer with the sanitary authorities, the Insurance Committee for London, and such other authorities, institutions, or persons as they may deem necessary."

The importance of the proposition is evident when we remember the Government has decided that the Local Health Authorities throughout the country shall take in hand the organization of the medical treatment of tuberculosis, the expense being borne in part by the Government; that there are in the metropolis 50,000 known consumptives; and that whatever scheme is suggested, although scant mention of nursing is made in the exhaustive report which prefaces the above Resolution, it is evident that the services of trained nurses must be requisitioned if this scheme is to be successfully carried out.

Many agencies including hospitals and dispensaries are at present coping with the disease; the Committee consider that the Council, in its position as the central health authority, is obviously best fitted to organize the arrangements to be made for dealing with the disease, as it is important that there should be no departure in London from the well founded principle of having one Central Health Authority for the County for the administration and co-

ordination of all matters relating to public health.

In hospitals and dispensaries the work of trained nurses is recognised as essential, but there is a much wider field for it than this. Some of the most important work of the trained nurse in dealing with tuberculosis is in recognising early and contact cases—for which, in district work, she has exceptional opportunities—and in bringing them to the notice of the proper authorities, in securing the best conditions for those cases which remain in their own homes—including outdoor shelters—or separate bedrooms with wide open windows—and in teaching the relations how to disinfect crockery and linen, and how to avoid infection. In short, there is ample scope for the work of the nurse who is not only proficient in the care of the sick, but who is ready to enter with enthusiasm upon the unlimited field of usefulness before her in the prevention of illness.

This applies not only to the district and visiting nurse, but to the school nurse, who, through her contact with the children in the schools, and by following up cases needing attention in their homes, has exceptional opportunities for work by which infectious diseases must be largely eradicated, and the general standard of health in the community be raised in consequence.

It will be realised that this work is of the highest importance, and our object in calling attention to it at the present moment is to impress upon trained nurses that if they wish to co-operate with health authorities not only in London, but throughout the country, in dealing with cases of tuberculosis in the most effective way, they must be willing to take pains to qualify themselves for this work, for during a three years' training in a general hospital they only have very limited opportunities for gaining the necessary knowledge.

MENTAL NURSING.*

MADAM PRESIDENT AND LADIES,—

I am extremely glad to have this opportunity of speaking to you about mental nursing, for it is, to my mind, the highest form of nursing possible, and the most difficult, necessitating for its perfection the most various and exquisite qualities of mind—indeed, I may say of body too—and when successful bringing the acutest pleasure and satisfaction in its efficient performance. To be a good mental nurse is far more satisfactory than to succeed in any other branch of nursing, for the former can bring not only physical relief, but also peace of mind to her patient.

Mental nursing is going through a period of stress and strain even yet in the process of evolution into a highly trained profession. It is well known how the treatment of mental troubles has evolved during the last 50 years. It is superfluous to go back and describe the periods of barbarism when the insane were treated as though possessed by evil fiends—nay, more indeed as if they were devils themselves, and how they were rescued, very largely, by members of that most industrious and beneficent of Christian sects, the Quakers, or Friends, more praise to them!

But we are still far from having said the last word as to the treatment of the insane, both by doctors and nurses, and the reason why there is so much difficulty experienced in obtaining the best imaginable view of the subject is that the view is largely obscured by the legal necessities which are so closely bound up with all loss of control in the individual. (When society goes mad no notice is taken; only when the individual becomes insane.)

It is essential that there should be legal protection; it is also conceivable that it could be made more adaptable to the best interests of the patient by giving wider permissive powers to those who administer it with advantage to all, and this will no doubt be done in time, particularly if we know what we want clearly, and let the public realize it.

A Bill is at present drafted dealing with the lunacy laws in this country. In Scotland the law dealing with insanity is in advance of our own.

Meanwhile, it is idle to deny that mental nursing is not so popular, nor so well thought of (by the ignorant, let me hasten to say), as

* An abstract of an address given by Dr. Helen Boyle to the Matrons' Council, January 31st, 1913.

medical, and still more surgical nursing. The why and wherefore of this worship of surgery I have never been able to fathom, and, as it has been the subject of so many enthusiastic panegyrics, perhaps it may be only fair to record the opposite opinion that, as compared with mental nursing, it is as a maid in the kitchen to the housekeeper of a house. The one has to be quick, clean, deft, punctual, obedient; the other has to know the thoughts of the whole household, to be in the confidence of every member, to know who is likely to give notice, who is going to be out late, who has too much to do. And yet the maid will be a better one if she has the mental training to grasp the importance of mental phases. She will appreciate better the effect on some minds of discovering a caterpillar in the cauliflower, and the knowledge will impel her to care in this respect.

Surgery does not—except during a short space of possible delirium, rare in these days of aseptic operating—destroy the power of mental action and control. The human being is still *compos mentis*, and able more or less to help and inform his nurse. But in mental trouble the nurse has far more elaborate work before her. She has to persuade the mind, to gain the confidence to such a thorough extent, that not only will the patient take her dictum on surgical facts, but on all sorts of other facts and ideas which may present themselves to the mind. She has to know the things he does not tell her, the things he does not even know, and needs, to do it well, sympathetic understanding and insight far beyond that needed for any other kind of nursing. I claim that mental nursing is the highest form, because it requires all the most distinctively human qualities in their most perfect development.

The real reason at the root of the trouble with regard to the nursing—and, to be honest, let me add doctoring—of mental patients is that, owing to the legal necessities above mentioned, the nursing and doctoring is never done in the great teaching hospitals of London and the provinces, and it is my firm conviction that until this serious fault is remedied, there will always be an immensity of prejudice and ignorance to be overcome.

The consequence of this omission is that the rank-and-file of student doctors and nurses are never brought into contact with this particular form of illness at all. This exclusion of the vast series of mental illnesses from the regular courses of students and nurses is fraught with real and obvious danger to mental cases, not only from failure of recognition of the nature of the disease later on, but through defective training in the treatment of these cases when

recognized, and also because a vast number of excellent brains amongst the students, who, if they had sufficient encouragement and opportunities, would be attracted to this field of work and research, now, from their scanty acquaintance with it, cast it aside with some such remark as "Oh, I can't stand loonies."

One or two hospitals—St. Thomas' and Charing Cross, for example—take border-line cases as out-patients, and there seems no reason why a few beds should not be allotted to these cases. All that is wanted in addition to the ordinary equipment of the ward is that the door may be locked if necessary, and that the patients may be sent out for walks. A hospital has been opened at Brighton chiefly to do this work, which, to their shame, hospitals with teaching schools will not treat themselves.

The consequence is that nurses in their general training do not see these early mental and neurotic cases, and the ordinary nurse in private practice is quite incapable of coping with them. Surely it is quite as much a disgrace for a general nurse to be turned out of a hospital ignorant of mental work as for a mental nurse to be ignorant of general work.

It is generally believed that the Matrons are averse to the admission of mental cases to general hospitals, that they do not like them mixed up with august medicine and surgery; yet why should they be turned away more than any other cases? Many of them are quite unsuitable for treatment as pauper patients. It is rank red tape.

As a matter of fact, medical students do have a few lectures on mental diseases, and some hospitals have a miserable arrangement whereby batches of students walk round the wards of an asylum thirty or so at a time, but this is utterly inadequate. The average student when he becomes qualified knows practically nothing about the treatment of the insane—a condition of things which is deplorable and wicked. Very little can be learnt about insanity from books; the only thing which is any good is to live with and observe the patients. The mind is an intangible thing, and the little we know of it cannot be put down on paper. Nevertheless, there is no part of the human outfit which is so definitely human as the mind, and none which is, to those able to grasp this fact, so absorbingly interesting. Moreover, every year nervous and mental conditions are becoming more urgently important to the nation; the brain is being more finely trained, and the more delicate the mechanism, the more easily it is put out of order.

It must be borne in mind that there is no form of illness which nurses and doctors are more

certain of meeting in their general work than mental and nervous disorders.

It is very important that nurses should be trained to recognize early symptoms of mental trouble, because they so often get patients before they are certifiable. At present there is a great difficulty in getting a sufficient supply of good mental nurses. Yet no section of the nursing world is better paid.

Among the qualities needed in a mental nurse the maternal instinct is of great importance, an instinct which would lead her to mother not only children of her own, but any child or man or woman who needs it. It is this which keeps her happy with a dull case. Moreover, she should be incurably optimistic, remembering that every case is improvable, and many are curable. Good-tempered patience, cheerfulness—not too aggressive—and conscientiousness are necessary. No one needs the last-mentioned quality so much as the mental nurse, otherwise she may become less vigilant, and, with familiarity with these cases, may think that the patient will not attempt to injure himself. This is never a safe supposition with impulsive cases, and no patients try to "do" their nurses so much as mental ones. Unselfishness and self-control are other requisites, though nurses ought to like their work so much that they enjoy doing it, and if self-control requires constant effort, the fact probably proves that the nurse is not intended for mental work.

It may be assumed that a perfect person is required, but some faulty people have the power of getting on with mental patients; and one has to remember that one type of nurse is necessary for one kind of mental patient, and one for another.

This branch of mental therapeutics will, I believe, in the future be more carefully elaborated than at present, but as far as my observations go in private nursing, the best results are attained when the temperament of the nurse is complementary to that of the patient; this to some extent is indicated by physique; thus a jolly, fat nurse should be selected for a thin, melancholic patient; a thin, gentle nurse for a fat, excited patient, and so on.

The reason for a careful choice of temperament is that if nurse and patient are complementary and congenial, the effort demanded of both is lessened.



We are glad to note that a suggestion that some permanent memorial should be established to the late Sister Maclaren, who did, for twenty-eight years, splendid work at the General Infirmary, Wolverhampton, is being cordially supported. Such service for humanity deserves recognition.

OUR PRIZE COMPETITION.

DESCRIBE THE DAILY AND GENERAL CARE YOU WOULD GIVE TO THE MOUTH AND HAIR OF A HELPLESS PATIENT.

We have pleasure in awarding the prize this week to Miss E. Valler, 4, Devonshire Square, London, E.C., for her paper on the above subject.

PRIZE PAPER.

All nurses should realize the importance of keeping the mouth clean, and as free from germs as possible.

Micro-organisms flourish in the warm moisture of the mouth, and if allowed to multiply to any extent, produce "toxins" which cause gastric and other troubles.

Assuming that the patient is sensible and able to hold fluid in his mouth, a mouth wash of peroxide of hydrogen, vols. 20, 1 ounce to 1 pint of water could be given on waking in the morning before giving nourishment.

This is easily managed by giving the patient a small quantity in the mouth at one time, protecting the neck and chest by a towel, and turning the patient's head to one side, and allowing the fluid to return into receiver (a small soap dish would do), this could be continued until the lotion is returned clear, and if the patient likes, could be followed with a little plain water or boracic (1 drachm to 1 pint). After breakfast the teeth should be cleaned with the tooth brush, using koly nos, as this helps to keep the germs in a more healthy condition. Later, preferably after the principal meal at mid-day, a strand of silk or a match slightly pointed, dipped into an antiseptic could be used to dislodge any particles of food that had collected round and between the teeth; then using small glass syringe and peroxide, the nurse should syringe through each tooth, between cheek and gums, and also into any cavities there may be, finally cleaning the tongue, roof of the mouth and gums with glycerine and borax, using small pieces of cotton wool wound firmly round the point of the forceps, then rinsing the mouth with a little plain water or boracic.

Last thing when the patient is being settled for the night, the teeth should again be cleaned with the tooth brush, using koly nos and plain water or boracic.

Once a week any tartar that has collected could be removed with a little damp pumice powder.

Some patients prefer glycerine and borax flavoured with a few drops of lemon juice.

It is necessary to keep the tooth brush scrupulously clean by washing it in an antiseptic, with an occasional boil, but it will need renewing frequently. If the mouth is in a bad condition it would need attention more frequently both night and day, the tongue also may have to be scraped. If the patient is on fluid diet false teeth could be left out altogether.

The hair of a woman patient should be divided in half and kept in two plaits, secured near the ends with ribbon.

Well brush night and morning one side at a time, making sure the bristles touch the scalp, comb the hair well up, and start plaiting rather high towards the back of the head to enable the plaits to hang over the pillow, and not cause pressure and discomfort by getting under the head.

Once a week a simple hair-wash such as jaborandi could be used, or a dry shampoo, then comb with a small-tooth comb to remove any dust or scurf.

Brushes must be kept very clean.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Beecher, Miss Gladys Tatham, Miss A. D. Fairbank, Miss J. Robinson, Miss Kate Phillips, Miss J. G. Gilchrist.

Miss A. D. Fairbank remarks that in the nursing of helpless patients the attention to their mouths is a very important point, any neglect of this being liable to give rise to disinclination for food, and if this occurs, and sufficient nourishment is not taken, the tissues break down and bed sores result.

Miss Robinson, in emphasizing the importance of oral hygiene from the point of view of health, calls attention to the injurious effects of a septic mouth and quotes the opinion of Dr. J. S. Marshall in his book on "Mouth Hygiene" that "the long continued ingestion of myriads of septic and fermentative bacteria during the preparation of the food by mastication and insalivation for the process of digestion, and during the intervals between the taking of food, cannot but prove detrimental and positively harmful to the process of digestion and to the integrity of the gastric and intestinal mucous membrane and their glandular structures. . . . Ordinarily the growth of the putrefactive and zymogenic—fermentative—organisms is inhibited in the gastric juice, but when this fluid is weak in hydrochloric acid, or when the number of the ingested germs is so great as to overwhelm the

corrective action of the acid, putrefaction and fermentation are set up in the stomach, causing irritation and inflammation of its glandular structures and the establishment of a condition of gastric catarrh, chronic indigestion, or dyspepsia."

Miss Tatham points out that "a septic mouth is a source of constant danger to anyone and particularly when debilitated by illness, so the care of the mouth is one of the nurse's most important duties.

"First thing in the morning before breakfast, the patient's mouth should be thoroughly cleansed. If he is unable to sit up he can probably turn on his side with assistance. I should tuck a large 'bib' of jaconet with a towel over it under the patient's chin and across the pillow, so as to avoid the possibility of damping the bed or the patient. A kidney-shaped receiver is useful, but the bottom of a soap dish will do as well for catching any water."

She then describes the method to be adopted.

QUESTION FOR NEXT WEEK.

How might a case of scarlatinal nephritis be recognized, and how should such a case be nursed?

A HISTORY OF NURSING.

III.

NURSING IN THE COUNTRIES OF NORTHERN EUROPE.

Miss Dock's collaborators in the chapter on the countries of Northern Europe are a committee of Swedish nurses, the Danish Nurses' Association, and Baroness Mannerheim, Finland.

SWEDEN.

In Sweden, we read, the nursing of the sick under various systems has been general since the beginning of Christianity. Originally it was undertaken chiefly by the Religious Orders in the Roman Catholic Church, but, on the decline of that Church in the country, it was either neglected or undertaken by people who lacked both the spiritual and practical qualities necessary for the nurse's calling.

It is interesting to learn that the first impulse to a new era emanated from the Deaconess Institution at Kaiserswerth, and that the Swedish Institution was founded on this model; also Miss Nightingale's influence was felt there as elsewhere. The present Queen Dowager, Queen Sophia, recognizing the importance of the employment of educated women as nurses of the sick, founded in 1880 the Sophia Home, a hospital with a Nurses' Home attached, which is now the principal training home for nurses in

Sweden. From the first Her Majesty the Queen Dowager has been President of the Board of Direction. Other training schools are the Institution of Deaconesses in Stockholm, the Swedish Red Cross Society, the Samaritan Home in Upsala, the South of Sweden Nursing Home, the Fredrika Bremer Association, and perhaps most interesting of all, because most uncommon, the Deacon Institute at Sköndad, near Stockholm, founded in 1898 on the same principles as the Deaconess Institute. Here men are trained to work as parish deacons, managers of lunatic asylum departments, poor-houses, homes for inebriates, &c. The number of deacons trained in 1909 was about 50.

Sweden has had a Nurses' Journal since 1909, and on March 14th, 1910, "a National Council of Swedish Nurses was formed, in perfect harmony with the many different mother institutions, and with the most lively interest of the nurses themselves to ensure its success. The first President of the Association was Miss Emmie Lindhagen, Sister in the Serafimer Hospital, Stockholm, an admirable leader, and strong, well-balanced nature."

DENMARK.

We learn that "the honour of having first introduced an organized nursing system into Denmark is due to the Danish Deaconess Institute, which owes its founding to the Crown Princess Louise, Consort of the Crown Prince Christian, who, during a visit to Mecklenburg, had had occasion to see the great work which was carried on from the mother institute Ludwigslust. Louise Martinie Laurette Conring became the first Sister Superior of the Danish Deaconess Institute. During the first Danish-German War she came to Copenhagen, began early to work in the service of philanthropy, and in 1855 was Matron of the Royal Hospital."

Organization amongst the nurses themselves began in 1899, when Mrs. Norrie, a delegate to the meeting of the International Council of Women in London, was present at the inception of the International Council of Nurses, presented a report on her return, and acted as the first Chairman of the Union of Danish Nurses. Shortly afterwards Mrs. Tscherning was elected President, and holds office at the present time. She has had able coadjutors in Miss Bodil Helfach and Miss Cecilia Lütken. "It has been the great aim of the Danish Nurses' Union to insure the nurses against an inadequate training, and out of chaotic conditions to establish regulated and legal conditions for a class which during the last thirty-odd years has grown to comprise three to four thousand members of the Danish population."

FINLAND.

The story of nursing in Finland appeals keenly to the nurses of the world because of the struggles which its brave, charming, patriotic, and withal modest people have been called upon to pass through. In the olden times, we are told, the so-called "wise women" combined the functions of doctor and nurse. Their methods consisted chiefly of wet-cupping, hot vapour baths, and massage, and even nowadays there are people, mostly belonging to the peasant class, who have greater faith in the prescriptions of "wise women" and "wise men" than in those of any medical man, and, as their methods largely appeal to nature's own curative power, the results they obtain are often very satisfactory.

The first hospitals in Finland were founded by the Church. That of St. Göran (St. George), built in 1355, was a "leprosarium," and that of the Holy Spirit, built in 1396, an infirmary for "the sick and poor." Both were situated in Abo, and ruled over by the Order of St. Dominicus. With the Reformation, as in England, so in Finland evil times befell the hospitals. They were "always asking the Government for subsidies, and complaining that they did not get them." To the present day all county and general hospitals are Government institutions. Reform, we are told, was badly needed, but it was not until after the middle of the last century that a lady widely known in Finland for her philanthropic works, Mme. Aurore Karamzine, realized that something must be done, and did it. In 1867 she founded the House of Deaconesses in Helsingfors, and introduced a new system of nursing. This House was a branch of the Kaiserswerth Order, and its first Superintendent, Mrs. Amanda Cajander, trained in the Deaconess House in St. Petersburg. She was the first woman from the educated classes in Finland to take up nursing, and succeeded, in spite of much opposition, in raising the standards of the nursing profession and making it respected, and in infusing into its work a spirit of devotion and self-forgetfulness which is the heritage and characteristic of Finnish Nurses of the present day. She was succeeded in 1883 by Sister Lina, still Matron of the Deaconess House in Helsingfors.

Miss Dock's Finnish collaborators, writing of the work of the Deaconesses, say: "It is not more than justice to say that the work thus done has been beautiful work, and that we nurses feel we owe the Deaconesses a place of honour in the history of nursing so far as it concerns Finland."

The first Matron of the Surgical Hospital,

Helsingfors, inaugurated in 1888, was trained partly at the Royal Infirmary, Edinburgh; the present one—Baroness Mannerheim—at St. Thomas' Hospital, London.

To Miss Koreneff belongs the honour of having last year advanced the course of training at the City Hospital to three years—an example stimulating to other hospitals.

It was through the International Council of Nurses that the nurses of the world were first brought into touch with their Finnish colleagues. Those who attended the Paris Conference in 1907 will well remember that Baroness Mannerheim was present, and how, in Miss Dock's graphic words, "She took all hearts by storm." Finland had already its Association of Nurses, and its nursing magazine, *Epione*, received the impetus necessary for its foundation from some words of Sister Agnes Karll at the same Conference. "Only get a nursing paper, and all the rest will come." In 1909 the Association of Finnish Nurses entered into membership with the International Council.

NORWAY.

In Norway, as in Sweden, the Red Cross is, we read, eminent in nursing work, Norway being one of the first countries to adhere to the treaty of Geneva, but it was not until 1894 that the Red Cross Society of Norway began the systematic training of nurses. The Society not only undertakes to supply nurses in war time, but also for private duty in time of peace. It therefore builds hospitals, staffs them, and organizes the work of private duty registries. Red Cross nurses also do district nursing, and assist in times of disaster and calamity, and in the campaign against tuberculosis act as visiting nurses and teachers of hygiene and food preparation, and see to disinfection and details of isolation of cases.

Miss Dock characterizes the nurses who came from the north countries to the London Congress in 1909 as "the most ideal set of women for their calling one could wish to see—tall, fair, and fine-looking, their faces beaming with good and gentle strength of character."

M. B.

A ROYAL RED CROSS SISTER.

By the kindness of the Editor of *The Gentlewoman*, we are able to publish the accompanying photograph of the Queen of Bulgaria in the uniform of a Red Cross Sister, taken by the Topical Press Agency. Her Majesty has shown her personal sympathy with the wounded by taking an active part in all the organizations for their relief.



THE QUEEN OF BULGARIA.

THE DUBLIN CONFERENCE.

The Executive Committee of the National Council of Nurses met on Thursday the 6th inst. to consider an invitation from the Irish Nurses' Association that the first Annual Conference of the Council should be held in Dublin in the first week in June next, and it unanimously decided to accept the kind invitation for the 4th, 5th, and 6th of June, and the Hon. Secretary was directed to express with how much pleasure it was received.

A small sub-committee was appointed to work in co-operation with the Special Conference Committee of the Irish Nurses' Association.

It was agreed that it would be well to follow the precedents of the organization of the International Meetings, which have proved so eminently successful and helpful to all concerned.

The Irish Nurses' Association will act as the hostess to the National Council, and will select the questions it desires discussed in conference. Such questions to be classified in sections so as to get continuity of debate. Experts on the subjects selected will be invited to present short papers, and an opener of discussion will also be arranged. One session may be devoted to "Questions" of topical interest. The procedure on resolutions to be decided, so that they may appear upon the Agenda and be thoroughly discussed before adoption.

There are so many burning questions which trained nurses have little opportunity of discussing together in a professional environment, that the National Council Conference, conducted on ethical lines, will in future prove a unique opportunity for this being done. How greatly such an opportunity is appreciated has been proved by the universal support given to the International Congresses on Nursing, and the wide range of questions thereat discussed.

Irish nurses as a whole are preparing to give cordial support to the first Nursing Conference organized by trained nurses to be held in Dublin. Lady Hermione Blackwood and the Ulster Branch of the I.N.A. have welcomed the suggestion, and all that now remains is for the nurses of the three Kingdoms to do all in their power to make the gathering a success.

A Nursing Exhibition will be organized and Social Gatherings arranged.

The cost of tickets and tariffs is a very important item to nurses if they are to attend, so we have no doubt these economic points will be at once well considered by the Irish Executive.

IRISH CONFERENCE SUB-COMMITTEE.

The following ladies have been elected to form the Organizing Committee: Miss Huxley, Miss Butler, Miss Cunningham, Miss Eddison, Miss Joy, Miss Keating, Miss O'Flynn, Miss O'Brien, Miss Reeves, Miss Reed, Miss Ramsden, Miss Thornton, Miss Hughes, Miss Patton, Mrs. Ball, Mrs. Major, and Miss A. Carson Rae, the Hon. Secretary.

IMPRESSIONS ON NURSING IN THE UNITED STATES.

III.

(Concluded from page 108.)

This brings us to the nurses themselves, and foremost amongst them to the Matrons, as we call them, the Superintendents of Nurse Training Schools, as I learnt to call them in the States. I may be wrong, but it seemed to me that it was more fully recognized than with us that the Superintendent is a living head, a superior nurse, by reason of superior wisdom and skill and knowledge. I am, and always have been, a heretic on the subject of Matrons. Take them all round, and with apologies to the honourable exceptions amongst them, they remind me most uncomfortably of my handsome bronze turkey-cock when he gets on to the top of the large mound of compost behind the cottage, spreads his tail, swells up, drops his wing feathers to touch the ground, and says "gr—r—r." He is quite impossible in that condition. He is also quite useless without the co-operation of other folk whom he despises. He can't lay an egg; he can't hatch out the babies; he can't do anything alone. But he fancies he can—that he is the world, and that the world was made for him. He is serenely unconscious that outside Ballincoona there are worlds, and worlds, and again worlds of which he has no inkling; that other people have rights quite as definite as his own; and that there are fifty other American bronze turkeys in the county of Kerry bigger and stronger and handsomer than himself. He fancies himself because he is ignorant, and orders other folk about in a lordly way, with small regard for justice, or even manners.

Nurses, you and I know such turkeys. We may have served under them; we have often met them. They are no *rara avis*. To my mind, the Matron of a hospital at home, and especially in the smaller training schools, is far too *sacro-sanct*. She is compelled to uphold her dignity and flutter about her authority, just because she dare not let anyone get near enough to find out how little she knows and how meagre has been

her experience. Heresy? Of course, it is the rankest heresy.

Probably my American friends know some turkey-superintendents, too. But those whom I met were different, and I will tell you why: they knew their work.

And not only did they know it; they knew how to do it. Nothing impressed me more than the quiet sense of power which those dear women gave me. They were masters of the situation by reason of their minds and their hearts, and so there was no need to make a parade. They maintained discipline finely, but *they respected* their nurses and their probationers, and they treated them with a charming courtesy which brought its own return. They seemed to be full of the desire to train and educate the mental, moral, and professional part of their nurses, remembering that they too were nurses, that they too had had to struggle upwards towards the light, that they too had had their failures in training, and had not yet reached perfection. It was the real spirit of motherly training. And the keynote of it was self-respect and respect for others; no strutting alone upon the compost-heap for the committee to look at. They took counsel with their ward sisters, and discussed difficult points on an equality, and remembered that, with all this, they were the masters of the situation.

Necessarily these many advantages in training and the more liberal-minded system of education have a marked influence on the individual nurse. She would be indeed a poor creature were it otherwise. One of my delightful Matrons with whom I was discussing the ethical and ideal side of nursing education said quickly: "Oh, I should never keep a sister who could not see her way to join the Alumnae Association. If she could not take sufficient interest in the Hospital to do *that*, she could not be of much use." I noticed that the nurses welcomed their Superintendents, spoke to them naturally and smilingly, and seemed at ease with them.

The work, of course, is severe. In the first place the demands on the candidate-nurse are much higher than they used to be. The whole high school course or its equivalent is quite a usual condition of entrance, together with a firm foundation in anatomy, physiology, chemistry, biology, and dietetics. Both during the probationary period and the junior, intermediate, and senior years the instruction given is thorough, and far more closely related to the scientific and ethical side of the work than is, I fear, common with us. Unfortunately, as with us, hours are too long, and too much of the instruction has to be given in the evening,

after work in the wards is over. Taken as a whole, the training of our American sisters in the good hospitals seems to me to be more intelligent, more individual, more of a definite training of the mind than is the habit with us.

One matter of great importance to the health of nurses in training is coming to be recognized there — the necessity of "vacation relief nurses." Most of us know what it means when the holidays begin and the wards are worked with fewer nurses. We have often been almost driven to death. I well remember having to work 18 hours on end for over a fortnight daily, besides being called up in the night, because one of our staff was away. The system of vacation relief nurses alters all that.

Two things stand out in my mind as affecting the condition of hospital nursing over there. One is the refrigerator attached to every ward as a matter of necessity, supplied with artificial cold by a common engine. What a boon and a blessing!

And then a much greater blessing—the magnificent possibility of getting almost all patients into the open air, sometimes for months together. In one hospital the children's ward had been closed for five or six months. Think of the opportunities for healing; think of the ridding of the wards of all microbes during the interval. Life in the open air becomes a routine treatment.

Space fails me, or I could tell you of the greater variety of feeding of typhoid patients, of the net-protected beds of children suspected of diphtheria, of the beautiful perfection of the marble sanitary chambers. Why call them lavatories when they are not intended for washing purposes? Of many a clever invention, many a handy dodge—but then I should want a volume.

Why, I have not even told you that I saw in the Massachusetts General Hospital in Boston the room in which ether was first administered for an operation, performed by a gentleman in a costume which no self-respecting theatre-sister would allow within her sacred precincts, of course.

No, nor how I found a baby, one of triplets, comfortably lying out on the window-sill at the Sloan. Nor yet how I found *one* imperfection at the Rockefeller, which is the envied of all others for its magnificent appointments. Nor how its Superintendent drives and mends her own motor car.

And as to the seamy side, which is the part some naughty people, and naughty papers too, always want to know about their neighbours—well, if *you* want to, go and see for yourself.

ALBINIA BRODRICK.

NURSES OF NOTE.

MISS VIOLETTA THURSTAN.

We have pleasure in presenting a charming portrait of Miss Violetta Thurstan, whose appointment to the new civil hospital at Spezia, Italy, we announced last week. Miss Thurstan has many qualifications to fit her for the position. She has had training both in children's and general nursing, the former at the Children's Hospital, Shadwell, the latter at the London Hospital, and since then has had a wide and varied professional experience. But before she entered upon her nursing career it is evident that events were shaping her destiny, for she was educated in France and Germany, and speaks several foreign languages fluently—not, it must be admitted, a usual accomplishment of a nurse in this country—and she has done temporary work in hospitals in Spain and France. She has been County Superintendent of the West Riding Nursing Association, affiliated to the Q.V.J.I., for the last 2½ years. She is an exceedingly busy person, being "approved" by the Central Midwives Board, as well as being Lecturer for the Leeds Board of Education, representative of Midwives on the County Insurance Committee and Sub-Committee, and Secretary of the Leeds Branch of the Nurses' Social

Union, which was started mainly through her efforts.

She is a strong believer in the need for the higher education of nurses, and, with other educationalists, a warm supporter of State Registration of Trained Nurses.



MISS VIOLETTA THURSTAN.

Miss Thurstan is much looking forward to her work in Spezia, being one of those for whom pioneer work, with its difficulties and joys, has attractions. Readers of this journal, and more especially those who met her last year in Cologne, will wish her well in her new work.

Mrs. Bedford Fenwick will open a Debate on State Registration of Nurses at the Lyceum Club on the evening of the 20th inst. It should prove useful, as so few educated women take the slightest interest in Nursing from an educational and professional standpoint. They pity the sick and wish them well, but seldom give a thought to how an efficient body of nurses is to be trained and provided for their needs. As to the scientific and practical curriculum

required for such a profession, the ignorance of the average woman is colossal, and this is the more strange as in so many professional families one or more members are trained nurses. The jealous exclusion of women from hospital management may account for this ignorance. Anyway, it is to be regretted.

APPOINTMENTS.

MATRON.

The Royal Victoria Infirmary, Newcastle-on-Tyne.—Miss Esther Florence Corser Brown has been appointed Matron. She was trained at the Leamington and South Warwickshire Hospital and has been Sister at the Royal Portsmouth Hospital, Portsmouth, where she did temporary duty as Assistant Matron, Private Nurse on the Staff of the Sussex County Hospital, Brighton, Assistant Matron at the Cancer Hospital, Fulham Road, London, Secretary of the Army and Navy Male Nurses' Association, Housekeeper-Sister at the Royal Victoria Infirmary, Newcastle-upon-Tyne, and for the last four years Assistant Matron in the same institution, of which she has now been appointed Matron.

Central London Throat and Ear Hospital, W.C.—Miss Marshall, Assistant Matron at the Royal Hospital, Richmond, Surrey, has been appointed Matron. She was trained at St. Thomas' Hospital.

Edinburgh Hospital for Women and Children.—Miss Mary H. Kemp has been appointed Matron. She was trained at the Royal Hospital for Sick Children, Glasgow, and at the Royal Infirmary, Dundee, and has held the post of Sister at the Children's Hospital, Glasgow, and General Hospital, Nottingham, and those of Office and Housekeeper's Assistant, Ward Sister, Outpatient and Home Sister, and Night Superintendent at the Royal Infirmary, Dundee.

NURSE-MATRON.

Larnaca Hospital, Cyprus.—Miss Avis José has been appointed Nurse-Matron. She was trained at the Royal Victoria Hospital, Dover, where she has held the positions of Out-patient Sister and Ward Sister. She has also had experience of private nursing.

ASSISTANT MATRON.

West House, Royal Edinburgh Asylum, Edinburgh.—Miss Jean C. Paterson has been appointed Assistant Matron. She was trained at the Western Infirmary, Glasgow, and has been Sister at the County Isolation Hospital, Motherwell, and Charge Nurse in Smithson Hospital, Greenock, and Sister in Roxburgh District Asylum, Melrose.

HEALTH VISITOR.

Urban District Council of Weston-super-Mare.—Miss Freda Hall has been appointed Health Visitor and Assistant Inspector of Nuisances. She is a certified midwife and holds a certificate from the Royal Sanitary Institute, and the preliminary certificate of the S.I.E.B. She has worked under the Edmonton and Halesworth Urban District Council.

County Borough of Taunton.—Miss Lillie A. E. Collins has been appointed Health Visitor, School Nurse, and School Attendance Officer. She was trained at the City Hospital, Birmingham, where she has held the position of Sister. She

has also held positions at the North-Eastern Hospital, Tottenham; the Ham Green Hospital, Bristol; and the Isolation Hospitals at Rotherham and Devonport. She holds the Health Visitors and School Nurses' certificate of the Royal Sanitary Institute.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse, Miss Marguerite A. Cachemaille resigns her appointment (Feb. 1st).

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The undermentioned lady has been appointed a nursing Sister: Miss Alice Maud Hart. Dated January 16th, 1913.

The undermentioned lady nurse has been permitted to resign the Service: Nursing Sister Miss Ethel May Croisdale. Dated December 1st, 1912.

The undermentioned lady nurse has been permitted to retire: Senior Nursing Sister, Miss Ellen Beatrice Greenwood. Dated February 4th, 1913.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Gertrude Challis is appointed to Lincolnshire, Miss Helene de Hartog to Tottenham, Miss Kathleen Mann to Willington, Miss Theophane Mansfield to Darwen, Miss Muriel Middleton to Midhurst, Miss Edith Symons to Hestercombe.

LONDON COUNTY COUNCIL.

To fill vacancies occasioned by the resignations of five school nurses in the Public Health Department of the London County Council, that Department recommended to the Council, on Tuesday last, that, subject to their passing the usual medical examinations, Miss F. G. Barton, Miss E. A. Spink, Miss A. Dyer, Miss E. M. Cooke, and Miss M. R. Everitt, who at present hold yearly appointments in connection with the cleansing of verminous children, should be appointed school nurses.

PRESENTATION.

A very pleasing ceremony has just taken place at the West Kent General Hospital. Miss Alderson (Sister Hallowes) who is leaving after thirteen years' work in the Hospital, gave a farewell dance to her many friends on, and off, the staff. During the supper interval, she had a pleasant surprise, being presented with a silver-fitted dressing case by the Senior Hon. Surgeon, on behalf of the Committee, and past and present members of the Honorary and Nursing Staff.

In a very appropriate speech Dr. Ground conveyed to Miss Alderson the regrets of all in losing her, and also their good wishes for her future, her health being drunk with musical honours. Miss Alderson afterwards received an umbrella and hand-bag as "make weight."

NURSING ECHOES.

The Queen has sent, through the Countess of Minto, a donation of £10 to the funds of Lady Minto's Indian Nursing Association, of which Her Majesty is patron.

The annual meeting of subscribers to the Queen Victoria's Jubilee Institute for Nurses took place on the 7th inst. at the offices of the Institute at 58, Victoria Street. In the absence of the Duke of Portland, Chairman of the Fund, who was unavoidably prevented from attending, the Duke of Devonshire, President of the Institute, occupied the chair. Mr. Harold Boulton, the Hon. Treasurer, announced that the result of the dinner given in July last at the Hotel Cecil (the Duke of Portland in the chair) amounted to £2,557 10s. A vote of thanks was passed to the Duke and Duchess of Portland for the trouble they had taken in the matter. Mr. Harold Boulton announced that he was resigning the hon. treasurership of the Institute at an early date, and the Duke of Devonshire read a letter from the Duke of Portland expressing the gratitude of the Committee for the great personal service rendered by Mr. Boulton.

Miss L. L. Dock has sent three sets of the new volumes (3 and 4) of "A History of Nursing" to Mrs. Fenwick for distribution—one for the International Library in London. Of the remaining sets one will be given to the Library of the Irish Nurses' Association, and one to the Nurses' Library of the Royal Infirmary, Edinburgh—as at present Scottish Nurses have no central office for nursing organization. Moreover Miss Dock greatly appreciated the expert help given in compiling the chapter on Scottish Nursing contributed by Miss A. W. Gill, the Lady Superintendent of the Edinburgh Royal Infirmary.

A bound volume of "Nosokomos" for 1912 has been sent to the International Library by Miss Van Rijn, the Secretary of the Dutch Nurses Association—so the record of good work in Holland, for the benefit of nurses, is presented up to date.

When Miss Elizabeth Holley, the brave asylum nurse, attended at Buckingham Palace to be decorated by the King for gallantry, she wore her professional costume, and was heartily cheered by the crowd which had assembled outside the Palace. The King pinned on the Albert medal awarded to her, and cordially shook her by the hand.

A meeting will be held in the Committee Room of the National Union of Women Workers, Victoria Street, S.W., on Saturday, the 15th inst., at 3 p.m., to discuss the important subject of "Nursing in Rural Work-houses: What can we do to help?" Miss James, P.L.G., will take the chair, and the speakers will be Miss Wilson and Miss Gibson. Discussion is invited. The question presents many difficulties, and needs expert attention.

Sir Henry Burdett had last week in his pseudo-nursing paper one of his savage and insulting attacks upon the Matrons' Council. Periodically he runs amuck at the impertinence of the trained experts who compose this Association, daring to discuss and take action concerning their own affairs! This time, however, he has made himself more ridiculous than usual in attempting to intimidate women who do not care a row of pins for his futile diatribes. He has unearthed a veritable mare's nest! The Matrons' Council, according to "H. B.," has been attempting to form a branch at Liverpool. It has signally failed. The Lady Superintendent of the Royal Infirmary would have none of it. The "stage army" have retired abashed, and so on. Just the same stale old personal abuse which even Sir Henry Burdett should have learnt by this time cannot, and never will, move the Council a hair's-breadth from its policy and principles! As usual, his statements concerning it are false. The Matrons' Council has taken no action whatever in any attempt to form a branch in Liverpool—the Matrons' Council has no branches. It is a National Association, and intends to remain so.

We hear, however, that some of the Matrons in Liverpool have considered the advisability of forming a little society in the town, to meet occasionally for mutual discussion and help, but that so far the suggestion has not proved very successful. This is a pity. Miss Musson has given a very worthy lead in Birmingham in this connection, which the Matrons of the senior hospitals in other large towns would do well to emulate. Splendid isolation of those holding responsible professional positions may produce very undesirable results—a lack of sympathy and a narrow outlook—which the rank and file very naturally resent. In all professions those in high places owe a debt to those not equally fortunate. Let them pay it by using their influence for the uplift of the profession as a whole.

In reply to Sir Archibald Williamson, on January 30th, Mr. Masterman said that the Commissioners had no funds from which to make any grant for the support of district nurses. Under section 21 of the Act an approved society or an Insurance Committee might subscribe for that purpose, and experience of the working of the Act was necessary to show what would be the effect of that provision.

We are glad to note that the three lady guardians of the Wrexham Board opposed the recommendation made at a recent meeting that the matron of the Workhouse be appointed Superintendent Nurse.

The Chairman, Dr. S. Edwards Jones, said they had spent £15,000 on the institution, and it should be efficiently and thoroughly staffed. If the matron was placed in a dual capacity this would not be the case.

To save £50 a year the matron was deputed to do double duty, which of course she has not the time to perform efficiently.

Two publications by trained nurses have recently appeared which will arouse discussion, one "The Poodle Woman," by Miss Annesley Kenealy, the first of a series of "Votes for Women" novels, proves how helpless married women are legally where their honour, and care of their own children are concerned, and "Medical Tyranny," a personal experience, by Miss Alice J. Beatty, which opens up the old grievance which stirred medical circles to their depths some years ago, in the Beatty v. Callingham case. Both authors impeach the law, and in our opinion justly so.

Our experience of its methods has convinced us that drastic reform is required in its standards of justice, if women are to retain a shred of respect for its pronouncements.

Among the scattered dwellers of rural regions throughout the United States there is no extensive, systematically organized and supervised service of nursing such as we find well developed in Great Britain and Canada. In only a few instances has nursing care been possible to the sick person in the country. It is in consequence of this great need that the American Red Cross has undertaken the establishment of a Rural Nursing Service to cover fields not reached by city nursing organizations. The great opportunities for humanitarian and educational work to be found in rural communities will appeal to nurses who

understand and enjoy country life and people, and who are interested in social work and public health movements. It is the aim of the Rural Nursing Service to maintain an efficient and permanent staff. Nurses who have had training or experience that particularly qualify them for rural work will receive special financial recognition. In order to assist nurses who wish to prepare for this work arrangements have been made with certain Visiting Nursing Associations to accept them as students for a four months' course. Realizing the necessity of this training, a loan fund has been provided by the Red Cross which will be available to a limited number of nurses. In order to maintain a uniform standard of nursing in rural communities all Red Cross rural nurses will be under the general direction and supervision of the Superintendent or such assistants as may be necessary. This will not, however, interfere with their responsibility to the committee or organization representing the Red Cross in the community under which the local work will be conducted. It is hoped that the opportunities of this new work will appeal to visiting nurses throughout the country, to enrolled Red Cross nurses, to private duty nurses who look for a broader field of activity, and to undergraduates whose choice has not yet been made.

We learn from the report of the Strangers' Hospital, Rio de Janeiro, which is doing such good work under the control of a most liberal-minded Board of Directors, that patients of no less than 15 nationalities have been treated during the past year ending June 30th, 1912. The Matron, Miss Annie Jackson, reports that the nursing staff, when complete, consists of a matron, an assistant matron, six sisters, one probationer, and one male nurse. Various changes have taken place during the year. Miss Steyskal and Miss Campbell returned from England to resume work, Miss Carrick has joined the staff, and Miss Milne, on returning from her holiday, accepted the position of Assistant Matron and acted for Miss Jackson during her leave of absence. Miss Kent has been absent on furlough, and Miss Wyatt left at the same time in order to take a special course of training, and Miss Coggin left with the intention of taking her general training at home. The need of prolonged furlough for European nurses in a hospital in the tropics is always a cause of difficulty and expense, but under Miss Jackson's able management these are reduced to a minimum, and it is satisfactory to note that both nurses at home on furlough were re-engaged for a further term of service.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

An analysis of the finances of London hospitals by the County Council reveals some remarkable facts, says the *Standard*.

There are 88 hospitals.
 Their total income is £1,244,527.
 They pay annually in rates £45,000.
 Maintenance costs £932,084.
 Administration costs £73,830.
 Beds available are 10,550.
 Daily number of in-patients 9,000.
 Out-patients attended yearly 5,000,000.
 New out-patients yearly 1,500,000.

The following are figures for the cost of in-patients per head per week in certain hospitals:—

	£	s.	d.
St. George's	2	2	11
Charing Cross	1	18	8
Guy's	1	19	8
King's College	1	16	8
London	1	19	2
St. Thomas	1	19	5
Westminster	1	16	0
Anti-Vivisection Hospital.			
Battersea	2	9	7
Great Northern Central	2	0	0
London Homeopathic	2	7	3
Belgrave (Children's)	2	2	10
Florence Nightingale	2	12	2
Soho	3	2	8
City of London (Lying-in)	2	6	11
Golden Square	2	1	6
Cancer, Brompton	3	1	0
London Fever, Islington	3	19	11

A course of lectures and demonstrations arranged by the Child Study Society will be held during February, March, April, and May at the house of the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W. The first lecture was given on Thursday, February 13th, by Dr. James Kerr, on "Brain Mechanisms and Handwriting." Lectures will follow in due course on "The Development of the Child's Brain," "The Teaching of Sexual Hygiene," "Child Study and the National Health," "The Backward Child in the Ordinary School," and "Discussion on the Parent and the Adolescent."

Miss Theresa Jane Wheeler, of Westbourne Gardens, Bayswater, W., has bequeathed £1,000 to the Royal Society for the Prevention of Cruelty to Animals, "for prosecutions in all cases of cruelty to cats."

Mr. McKenna stated in the House last month that he was "ready to receive suggestions as to the prescription of practicable standards and tests" for flannelettes, claimed to be safe from fire, with a view to the introduction of legislation on the matter.

We understand that alternative proposals, both with regard to a Bill and to the tests which would be necessary, have already been submitted to Mr. McKenna by the National League for Physical Education and Improvement, the influential organisation which for the last two years has carried on a vigorous campaign against the use of dangerous makes of flannelette for articles of clothing. The Bill suggested is a short, simple one, based on the Rag Flock Act, 1911, and covers a wide variety of misdescription as to the non-inflammability of flannelette or other textile fabrics.

NURSES' SOCIAL UNION.

The third lecture of this session will be given by Dr. Steegmann, on Tuesday, February 18th, at 3.15, in the Institute of Hygiene, Devonshire Street. The subject is "Tuberculosis." Admission free to members. Nurses not members, 6d.; others, 1s.

HOSPITAL CARS.

The Swiss Federal Railways have added to their equipment several hospital cars, which are intended for conveyance of sick and invalid travellers. The cars are placed at the service of private parties, and being intended especially for long journeys, they are fitted out with all the technical equipment to adapt them for travel over the various European railway systems. Not only is the car fitted to travel on all standard-gauge railway lines of the Continent, but it is designed also for transfer on the Scandinavian and Sicilian ferry-boats.

The car is heated by steam. A hot air installation serves to heat up the car when installed or before starting or when travelling on lines not equipped with steam heating. All the compartments of the car are electrically lighted. The dynamo, driven through belt transmission from one of the car axles, also supplies electrical energy for various apparatus with which the car is equipped.

The sick room, which is located on the middle of the carriage, and the adjoining lavatory, are fitted up aseptically in the same manner as up-to-date hospital rooms, all the walls, ceiling and floors, as well as the furniture, being readily washed and disinfected, while all the angles of the walls and ceiling are rounded off and any joints covered over with smooth nickel-plated metal. The floors are lined with inlaid linoleum.

The sick room contains a good bed with iron frame and steel mattress and a removable lifting device. The horsehair mattresses are made in three parts to facilitate disinfection; a chest of drawers fitted into the wall contains several changes of bed-linen. The sick room further contains a bed-table with adjustable plate and iron cabinet with marble plate and enamelled

case, an upholstered easy-chair with iron frame and washable leather lining, and a divan also coated with washable leather, the hinging back of which can be used as emergency bed, after covering it with horse-hair mattresses. In addition to a drop-light, there is provided a portable electrical wall and table lamp, whose light can be cut off by means of an inclosing shade. An electrical heating-pan serves to heat the bed. There is, of course, the usual electric bell call for nurse, and a wall fan for ventilation. The sick room is accessible from outside through broad folding doors in the side-walls, through which the invalid can be brought in on a stretcher or Sedan chair.

Adjoining the sick room are the quarters for the attending physician or nurse. The furnishings here include sleeping accommodation and an upholstered seat covered with washable leather; further a folding table and a metal and plate glass cabinet for medical necessities, surgical instruments, dressings, &c.

A first-class compartment for the patient's relatives or friends is attached, this also being equipped as a "sleeper."

The kitchen is equipped with an ice box for food and drink and to store ice for medical use; there is a marble topped table, also a fire-clay sink with self-locking water faucet. Under the kitchen table there is a small chest of drawers for polishing utensils, and on top of the ice box a crockery cabinet, in which the kitchen linen is also kept. The kitchen is operated electrically. Over the kitchen, as well as the lavatory, are arranged water-tanks in tinned copper-plate.

LEGAL MATTERS.

NURSE CHARGED WITH OBTAINING MONEY ON FALSE PRETENCES.

Mildred Trafford, who stated that she was a certificated nurse, and appeared in the dock in nursing uniform, was charged at Clerkenwell County Court with obtaining charitable contributions by false pretences with intent to defraud Mrs. Louisa Bieberbach.

The prosecutrix stated that the nurse came to her stating that she was from the association in the district and was collecting money for a poor blind woman whom she wanted to get into an institution for the blind.

Police-constable Field deposed to seeing the prisoner call at 137, Camden Street, and after a conversation go to 142, when he told her he should arrest her, when she begged him not to, saying that she only came out of Brentford Gaol that morning.

The blind widow concerned said that she had received a few coppers and some meat from the accused. The prisoner said that she had paid her 5s. a week from the society for a month, and this the witness admitted.

The prisoner, whose collecting book showed about 30s., was remanded.

OUTSIDE THE GATES.

WOMEN.

The Lyceum Club has been singularly fortunate in that for many years past Lady Strachey has presided over the deliberations of the Executive Committee, and under her experienced guidance the affairs of the club have been conducted with wonderful harmony. Her knowledge of business, charm of character, and widely cultured mind has made association with her most happy for every member of the committee who has worked under her leadership. Lady Strachey has recently resigned the office of Chair, and been elected the vice-president of the Lyceum, and the members of the executive committee propose to do themselves the honour of entertaining her as guest of honour at a dinner at the Club on March 31st. This, we feel sure, will be a very popular function.

Mrs. Bedford Fenwick has been elected unanimously to succeed Lady Strachey as Chairman of the Executive, and Mrs. Philp and Mrs. York Trotter to the offices of vice-chair and deputy chair respectively.

The Bishop of Lincoln (President of the Church League), sent the following warning and blessing to a crowded meeting, organised by the Church League for Women's Suffrage, to protest against the White Slave Traffic: "Let me wish your meeting success, but I would suggest one caution. The passing of the Act may tempt some good people to 'rest and be thankful.' This would be disastrous. We need perpetual and untiring alertness. The wretches, who, enticed by the enormous profits offered, ply this vile trade, will be rendered by the Act more crafty than ever. We must redouble our vigilance accordingly. Probably women will be employed as agents, rather than men. Our young people will have to be forewarned more than ever, by parents, by friends. For the danger is by no means past, only the methods of the traffic will be more subtle and insidious than before. God bless you all in your noble crusade. Let us never doubt that right will prevail."

The Tennessee House of Representatives recently extended the courtesy to Miss Mary Johnston, the well-known Virginian novelist, of speaking from the floor of the House on behalf of woman suffrage. On the same day as Miss Johnston's hearing the Senate introduced two Bills materially affecting women's position, one enlarging the rights of married women to own and control their property, the other making women eligible to the position of public notary.

Imagine negro labourers in Virginia enjoying political privileges denied to the genius who wrote "The Long Roll" and "Cease Firing." Could sex prejudice go further?

BOOK OF THE WEEK.

A KNIGHT OF SPAIN.*

Don Juan is the objective of this romance, and it may be readily imagined that there would be no lack of material connected with his repute, engineered as it is by the highly sensitive imagination of Miss Bowen. As is her wont, she has herself fallen a victim to the fascination of her own creation, and Don Juan's faults are attractively decorated and his faithlessness tenderly shielded, till she has triumphantly placed him upon a pedestal.

His first little adventure is with Dona Ana, whom he is not in love with, but as he is in love with life, she has to fit in with his pleasure, and so answering the signal from her balcony he pays a secret visit to her late in the evening.

"You sent for me," he murmured.

"Yes; I have seen you go past often."

"Every knight in Alcala is your servant."

"You also wrote and serenaded me?"

"Yes; yet I never knew how wonderful you are." She closed her eyes and the tears overflowed and ran down her cheeks. "I never knew you were a prince," she whispered.

He spoke the bitter truth he had never put into words before.

"I am a peasant, too," he said.

This truth was indeed bitter to him, for his illegitimacy stood between him and that which his ambitious heart so eagerly coveted—the position of an Infant of Castille.

Dona Ana does not come much more before us; he forgets and forsakes her quite easily at the bidding of his royal brother Don Felipe. "The King wished his company."

"Juan placed the poor flower whose message must still be delayed in the answering next his heart, changed his clothes, and went down to Don Felipe, who had said his prayers, and was eating mushrooms stuffed with snow in the sombre dining-room."

A pathetic although unattractive personality is Don Carlos, the deformed and feeble Infant of Castille, whose devotion to Juan was the only redeeming thing about him. His hatred of his royal father brought about his own death under sinister circumstances. Juan, made Admiral of the Fleet, has many adventures of love and war, and his most constant passion was for the fair Diana di Falanja, an earring of whose hair he wore till the day of his death.

"I shall return a conqueror," he said; "I shall smite the Turk to nothing."

"Aye, you will," she replied. "But will you come back to me . . . ?"

"Ah, strange and sweet," he said. "You know you have me in your power."

"For a while, yes," she answered under her breath, "but I shall have a short reign. I think Almighty God did not make you constant, Prince."

"He made me a lover of fair women," said Juan, "and a loyal knight."

And Diana spoke truly when she said: "You would not give up one sparkle of glory that you have, or hope to gain, for Venus herself."

And yet she consents to swear: "I will wait for you, nor look, nor think of any other man."

"And if I die you will enter a nunnery," said Juan, "and pray for my soul, for if you should forget me I should be in torment, even if I were placed by the throne of God."

She dies of the plague, attended in her last moments by Juan, who in his turn succumbs to what appears to be an intermittent form of the malady, though not before his faithless nature had bestowed its attentions in more than one direction.

This book is full of colour, and though its love intrigues are numerous it is without a trace of coarseness. We have, as usual, to compliment Miss Bowen on her apparently inexhaustible power of creating charming personalities.

H. H.

COMING EVENTS.

February 15th.—National Union of Women Workers: Meeting to discuss "Nursing in Rural Workhouses, what can we do to help?" Chair, Miss James, P.L.G. Speakers, Miss Wilson and Miss Gibson. Parliament Mansions, Victoria Street, S.W. 3 p.m.

February 18th.—Nurses' Missionary League: Lecture by Dr. H. Gordon Mackenzie, "Old Problems in new forms and the Christian Theory of Life," 33, Bedford Square, W.C. 3 p.m. Nurses invited.

February 18th.—Nurses' Social Union: Third Lecture of the Session, on "Tuberculosis," by Dr. Steegmann. Institute of Hygiene, W. 3.15 p.m.

February 19th and 26th.—Trained Women Nurses' Friendly Society: Meeting of Committee of Management, 431, Oxford Street, London, W. 5 p.m.

February 20th.—The League of St. Bartholomew's Hospital Nurses. Course of Lectures. "The Industrial Position of Women," by Miss Constance Smith. Clinical Lecture Theatre, St. Bartholomew's Hospital, E.C. 5.30 p.m.

February 20th.—Meeting Central Midwives Board, Caxton House, S.W. 3.30 p.m.

February 26th.—Lyceum Club: Debate, State Registration of Trained Nurses. Speaker, Mrs. Bedford Fenwick. Discussion, 8 p.m.

March 1st.—Eugenics' Education Conference, University of London.

A WORD FOR THE WEEK.

Let me live in my house by the side of the road,
Where the race of men go by—
They are good, they are bad, they are weak, they
are strong,

Wise, foolish—so am I.

Then why should I sit in the scorner's seat,
Or hurl the cynic's ban?

Let me live in my house by the side of the road,
And be a friend to man.

* By Marjorie Bowen. Methuen & Co.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

THE PROPOSED NATIONAL ASSOCIATION OF NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—Your correspondent, "Member of Bart's League," can hardly mean all she says; but the whole tone of her letter is an eloquent appeal for an association, and I beg her to do all she can to help on the attempt to form one.

Would you be so kind as to announce that replies may now be sent to me on post-cards; and that "Yes" or "No," with name and address, will be all that is now required; and that at present all communications will be treated as private and confidential?

Seeing that the Nurses' Insurance Society numbers 38,500 members, we are hoping for a big response; and hope it will contain at least 10,000 favourable ones.

Yours truly,

County Bank House, J. S. POLLITT,
Blackburn.

[We feel sure "Member of Bart's League" speaks from sad experience. The Nurses' Insurance Society includes a very large number of persons who have no right whatever to the title of "Nurse," in the trained sense of the word. Thus its name is most misleading.—ED.]

MIDWIVES IN IRELAND.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—A correspondent in a letter which recently appeared in the *Irish Times* protests against the apathy of Guardians in taking up the scheme submitted by the Women's National Health Association of Ireland for dealing with the very important question of dispensary nursing in Ireland.

The pathetic plea put forward on behalf of the Irish midwife should appeal to every nurse, and I think that all will agree that midwives, who are a responsible and expert body of workers, should receive better recognition and a more generous appreciation than has hitherto been given to them, especially when the country is so much in need of their services.

Midwifery is undoubtedly women's work, and surely as such it cannot be contended that the Women's National Health Association of Ireland in taking up this are working for any gain other than to prevent the daily slaughter of innocents they see around them. A preservative measure to save the nation, the mother and her infant, to diminish the heavy annual mortality

is the whole basis of the scheme, and also to secure better terms for the midwife so that she may be able to carry it out. To employ the whole time of such a person is to the advantage of her patients, and who can deny that this is not a matter of national urgency in Ireland as elsewhere.

Ever since the circular first appeared the feeling from a nursing standpoint was opposed to it, on the ground that the sum made up per week was insufficient. But some collected statistics go to show that £1 per week with uniform and bicycle are good terms when the present condition of midwives is considered, and they would be well advised to accept them.

In some districts it may be possible to earn more. In any such case it would be unwise to join the Association; but the vast majority of district midwives are wretchedly paid, and should cry out aggrieved and refuse appointments until such time as their wants are acceded to in joining the Association.

A midwife who takes up work in a district in which another nurse after persistent and unceasing endeavour fails to obtain a living wage from the Guardians without insisting on higher remuneration, is unworthy of the name, unfit to be ranked with the members of an honourable profession.

At this small rate of pay she forgets the amount of time and money expended in learning to qualify herself for her work. I think there is no greater enemy to the sweated midwife than the woman who succeeds her, and is content to accept work at such a low figure. After all, is it any wonder that those in authority in many places are coming to the conclusion that a midwife should not be paid at all?

I am, dear Madam,

Yours faithfully,

B. V. HEDDERMAN.

[The position is more complicated than appears on the surface. It is true that £1 a week with uniform and bicycle is more than is offered by many Boards of Guardians in Ireland, but the midwives so appointed are paid fixed salaries out of Union funds on the clear understanding that provided midwifery cases amongst the poor receive the priority, the midwife can engage in private practice, and in many cases she receives the bulk of whatever private practice there is. The conditions imposed by the scheme of the W.N.H.A. of I. are that she takes no private practice except by attending on insured mothers, and that during the time she is not required for her special duties she shall carry on such work for mothers and infants as may be directed by the local Committee of the Association. This at once introduces two undesirable elements, viz. :—(1) dual control; and (2) the control of the work of a professional person by a self-constituted unprofessional body. Further, while a midwife may be glad of a retaining fee from Guardians, which will enable her in the first instance to build up a private practice, a salary of £52 per annum cannot be considered

adequate remuneration for a professional worker, especially when the grave responsibilities, and the exceptional tax on the health of the midwife are taken into consideration.—[Ed.]

THE CALIFORNIA HOSPITAL, LOS ANGELES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The California Hospital Training School for Nurses, of which you had a picture in the issue of your JOURNAL of September 21st, 1912, has a few features that I believe are unique and think may prove of interest to your readers:

The aim of those directing this School for Nurses is not alone to educate young women as thorough technical nurses, but also to give them a broad outlook on life and prepare them for whatever position destiny may award them.

To keep them abreast with current history we have a daily paper, which is prepared from the morning papers, that is read to them at luncheon. The reading occupies from eight to ten minutes each day. This not only educates the nurses, but gives them subjects for conversation with their patients, taking the thoughts of the afflicted away from self, disease and hospital gossip.

A gramophone gives the nurses two selections of the choicest music during the evening meal.

Miss Beulah Wright, Dean of the College of Oratory and Professor of Oratory in the University of Southern California, gives a thorough course in the use of the voice in conversation and in reading. This course, while adding to the culture of the young woman, also proves to be a blessing to their patients.

Tennis court, piano and drawing-room are among the provisions for the nurses' health and pleasure.

The course at the California Hospital and, in fact, in all the best training schools in the United States, is three years.

The nurses of this State are endeavouring to get a registration law enacted by the legislature this winter.

Yours very truly,

WALTER LINDLEY.

Medical Director.

CRUELTY TO RABBITS: SHOULD THE USE OF STEEL TRAPS BE ABOLISHED?

To the Editor of THE BRITISH JOURNAL OF NURSING,

MADAM,—The "rabbit season" is again with us and during the next few weeks some hundreds of thousands of wild rabbits—including does carrying young and mothers in milk—will have been caught in the cruel fangs of the steel trap. It is said—and there is good authority for the statement—that from Devon alone over a million and a-half dead rabbits are sent away, and that in some rural districts the people are kept awake by the distracted cries of the little victims, incessantly striving to the last, with pain and terror, to escape from the inexorable grip of this primitive

machine. To recall some words written several years ago by Mr. Jerome K. Jerome, whose appeal is still, unfortunately, as much needed as ever: "Life in the country to those cursed with the slightest feeling of sympathy is made wretched by the thought of all this suffering going on around them." This is indeed so, and as almost everyone is agreed—except, perhaps, those who profit by the wretched business—that the universal and indiscriminate use of the steel trap is an abomination, one wonders if it is not possible for lovers of animals to concentrate their energies for the purpose of obtaining from the Legislature an amendment of the Animals Protection Act, which would abolish this villainous instrument, one of the worst ever devised by inventive man against the animal kingdom. Could not some humane M.P. introduce a Bill to this effect?

Yours faithfully,

JOSEPH COLLINSON.

Animals' Friend Society,

York House, Portugal Street, W.C.

SWEATING UNDER THE INSURANCE ACT.

Mr. Bruxner sends us another of his somewhat lengthy letters, for which we regret we have not space this week. He draws our attention to the proposed sweating of women's work under the Staffordshire Insurance Committee, which advertises for a "Young lady typist; thoroughly competent, with knowledge of office routine. Commencing salary £39 per annum." Scandalous, of course, and the more so as it is a Government appointment. But we would remind Mr. Bruxner that "two blacks do not make a white." In the meanwhile, we have forwarded the cutting sent by Mr. Bruxner to the Chancellor of the Exchequer.

OUR PRIZE COMPETITIONS.

February 22nd.—How might a case of scarlatinal nephritis be recognized, and how should such a case be nursed?

March 1st.—What care should a nurse give to engorged breasts?

NOTICES.

The Editor hopes that every reader who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers—so that its constructive work for the profession may receive ever increasing support. Address of Office, 431, Oxford Street, London, W.

BUSINESS COMMUNICATIONS.

The Editor will be obliged if all business communications, such as requiring extra journals, &c., are addressed to the Manager, THE BRITISH JOURNAL OF NURSING Office, 431, Oxford Street, London, W., and not to the Editorial office at 20, Upper Wimpole Street, W.

The Midwife.

THE WOMAN PAYS.

It is always the woman who pays, and now when the question, always acute, is becoming acuter, as to how provision shall be made for the payment of the fees of medical practitioners called in on the advice of midwives in connection with the maternity benefit under the National Insurance Act, once again the suggestion is made that the woman shall pay.

In presenting the Report of the Midwives Sectional and Advisory Committee of the Midwives Institute at its annual meeting, published in its official organ, Miss Rosalind Paget said: "May I recall to your mind that at the Annual Meeting last year, just after the Insurance Bill became law, we congratulated ourselves that Dr. Addison had been able to get Lord Sandhurst to move in the House of Lords the introduction of the payment of the doctor when called in by the midwife. Our jubilations were exceedingly premature: we all know now that the addition of Clause 18 (1), viz., 'the prescribed fee shall, subject to regulations made by the Insurance Commissioners, be recoverable as part of the maternity grant,' has given an enormous amount of trouble, and does not mean what we were led to suppose."

The amendment was certainly a most ill-advised one, and its effect on the position of midwives disastrous, because, as we have already reported, as approved societies are liable to pay 15s. for an attendance in an emergency connected with labour, if a medical practitioner is called in in a midwife's case, or 10s. when he is called in after twelve hours from birth, it is probable that they will decline to pay the maternity benefit so long as their responsibility exists, and that therefore prospective patients will "engage with" a doctor instead of a midwife, to the detriment of the practice of midwives.

The suggestion of the Midwives' Institute is that the midwives themselves (whose own fees when attending on insured patients are not guaranteed) should relieve Approved Societies of their responsibility under the Act, and raise a Guarantee Fund to pay the doctor's fee prescribed by the Commissioners, and secured to him if called in on a midwife's advice. We are not surprised that this suggestion "has been welcomed by many Friendly Societies," but we cannot think that it is the right way out of the *impasse*.

Should this scheme be adopted, the midwife may not only lose her own fee after attendance on a mother and baby at the time of confinement and for ten days subsequently—as its collection depends on her own business capacity, not on a State guarantee, given in the case of the doctor summoned to her assistance—but she may be actually out of pocket by the shilling which it is proposed she shall contribute in each case to guarantee the doctor's fee, and it is quite certain that this will happen in a proportion of cases.

In our issue of last week Mrs. Lawson, President of the National Council of Nurses, announced that the National Association of Midwives wish it to be known that this Association entirely disapproves of this proposal, and points out that its effect would be to make the maternity benefit 29s. instead of 30s., and that Societies and local Committees would have credit for paying the full 30s., while the midwife would be the instrument for getting 1s. of it back again. We think the objection valid, and the argument irrefutable.



THE INFANT'S CRY.

"The infant does not speak," says Dr. Rousseau-Saint-Philippe, as interpreted from the French in the *British Medical Journal*. "he is *in fans*." Etymologically, he must not speak; but he cries, and we find his language in his cry. It is part of the physician's business to learn his language, and so to interpret the child's sensations. The infant comes into the world with a cry, and the writer quotes Longet, who declares that this first cry is a shout of triumph, for the bonds of intrauterine existence have been burst by the unknown force which dominates all the phenomena of life. There is, however, a more prosaic reason for this initial cry—namely, the contact of the child's body with the cold atmospheric air. The healthy babies cry loudly, while those which are congenitally weak cry feebly and little, and the doctor should be on his guard in the case of the silent and the sleepy ones. It is, of course, always important to find out the cause of crying; but there are babies who cry for no real cause, and these are the screamers (*les criards*), generally the offspring of defectives, alcoholics, and neuropaths, and likely to grow into neuropaths themselves.

by and by. But there is usually a real cause. Among the external ones are what may be called "the four p's" (p's in French, at least)—the pricks of parasites, such as fleas, lice, and bugs (puces, poux, punaises), and of pins badly placed; but there are others—such as the tightness of clothes, the presence of diapers soiled with feces or urine, hot bottles, extremes of temperature, and especially very hot days. The internal causes are harder to find, but it is of great importance to discover them. Fortunately, the commonest, which is hunger (and perhaps thirst), is the most easily cured; it ceases when the child has had the breast. If it does not so cease, it may mean that the milk is poor or scanty, and then weighing the infant will clear up the diagnosis. But it may be due to other causes, of which the second in frequency, according to Dr. Saint-Philippe, is internal discomfort due to dyspepsia, and especially to dyspepsia with colic. Crying now is increased by giving the breast; it comes on suddenly, and ceases abruptly when wind or a stool is passed; if it be the result of a full bladder, it disappears with micturition. The third of the internal causes is pain, and again the intestinal tract may be at fault; but now it is more than discomfort—it is sharp suffering, as in cases of enteritis, and particularly, says Saint-Philippe, of atrophesia, as was pointed out long ago by Parrot. Of course, many causes of pain may exist, among which teething and local maladies of the bones and skin may be named. A fact of some importance is, as was pointed out by Dr. Genaro Sisto, of Buenos Aires, that persistent crying, in the absence of other causes, may be due to hereditary syphilis; if it be, it ceases with the commencement of the specific treatment. Much, then, may be learnt from the cry.

THE CAUSES OF PUERPERAL FEVER.

Assuming the conduct of labour to be blameless owing to the skilled use of antiseptics and the avoidance of internal examinations, the causes of puerperal fever at the present time, according to Dr. Brandt in a Norwegian contemporary, are: (a) Auto-infection by the blood stream from a distant focus, such as tonsillitis, a mastitis, or an otitis media; and (b) autoinfection from germs already present in the uterus and its appendages before labour. Tonsillitis is common in the puerperium, and Dr. Brandt has noticed the coincidence of fever among the maternity patients and epidemics of tonsillitis, with or without diphtheria bacilli, among the nurses.

Nursing Notes reports that Dr. Herman has resigned his position as representative of the Midwives' Institute on the Central Midwives Board, and Sir Shirley Murphy has accepted nomination as his successor.

CENTRAL MIDWIVES BOARD.

The following are the questions in the examination paper set by the Central Midwives Board to candidates for its certificate on February 10th:

1. Describe the true pelvis and give the length of the antero-posterior diameter at the brim, in the cavity, and at the outlet. State the points between which these measurements are taken.
2. State in detail the methods by which you would distinguish a breech presentation from a presentation of the face.
3. What is a placenta prævia? Why does it always cause bleeding before the birth of the child? What are the dangers of the condition and how would you deal with a bad case if the doctor's arrival were delayed?
4. What is meant by antiseptics and asepsis? Name three antiseptics in common use in midwifery. Give the advantages and disadvantages of each, and state how you would prepare solutions of them.
5. Describe the nursing treatment, with exact details, of a premature baby weighing five pounds.
6. What would lead you to suspect cancer of the womb? What would you do in such a case?

MATERNITY INSURANCE.

The Standing Committee on Public Health of the International Council of Women is making an International Enquiry *re* Maternity Insurance, both in regard to State Insurance and to private schemes. In regard to private schemes, Mrs. Edwin Gray has in this country asked the help of the members of the above committee, in answering the questions in the second part of the Schedule. In Part 1 (State Insurance), the questions are directed to the Extract (persons to be insured), what authorities carry out the scheme, the benefits to which Insured Persons are entitled, how the scheme is financed. Part 2 (Private Schemes for Maternity Insurance connected with Friendly Societies, Trade Unions, Co-operative Unions, or provision by Factory Owners). The questions in this connection bear on the points as to whether private schemes for Maternity Insurance exist (1) Beside a State scheme; (2) or as the *only* means of providing for Maternity Insurance; (3) whether these are private schemes connected or combined with other branches of insurance; or whether they are carried on by Societies of which Maternity Insurance is the only object; (3) particulars of conditions of membership; (4) whether large factories have any special schemes for Maternity Insurance.

The whole question of Maternity Insurance is just now receiving considerable attention, and we rejoice that the right of the mother to skilled care and the means to procure some personal comforts at the time of her confinement should at last be recognized. The amount of privation and semi-starvation with which many brave working women are encompassed at a time when their more fortunate sisters are shielded from all anxiety is terrible to contemplate.

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EDITORIAL.

A NATIONAL ASSOCIATION OF NURSES.

One of the first needs of the Nursing Profession in every country is a National Association of Nurses through which it can find self expression, maintain high ethical and professional standards, safeguard the honour of its members, promote their economic and other interests, and enter into relationship with national groups of nurses in other countries.

The first essentials of such an association are that it shall be the free voice of the nurses themselves, that it shall work for the interests of the profession at large, and that it shall keep itself pure from the taint of the commercial press, the primary aim of which must necessarily be the subjection and exploitation of the nursing profession by the laity for financial gain. It will readily be understood that those nursing educationalists who have, for the last quarter of a century, opposed the recognition of unskilled nursing which assumes to be skilled, will not tolerate quack nursing journals which assume to be skilled, when those who presume to conduct them have not mastered the most elementary principles of the profession concerning which, they have the effrontery to pose as experts. They cannot be prevented from exploiting the foolish, but they can be prevented from subjugating the intelligent.

Recently a proposal has been put forward to found "a National Association of Nurses" backed by Mr. J. S. Pollitt, of Blackburn—who has on many occasions proved himself a kind friend to nurses—as Hon. Treasurer. It has the merit that its affairs are to be managed entirely by nurses, and the weak point that it is to be "an association of nurses of all grades."

In our view every nerve should now be strained to secure the passage of the Nurses Registration Bill, when strong and forceful

Associations of Nurses can be built up, but without the firm foundation of a minimum standard of nursing education, defined by Act of Parliament, there is no safe ground on which to build, and for this reason we regret time spent in the organization of new associations of nurses even with the most laudable objects, when the urgent need of the moment is the concentration of every effort upon the promotion of legislation.

The Royal British Nurses Association might, and should, have been an effective National organization. Founded in 1887 as the British Nurses Association, it received such enthusiastic support from nurses that, five years later, it gained a Royal Charter giving it wide powers of self-government. Unfortunately its nurse members were prevented making use of those powers, and the work which it might have done has, for the most part, been effected through other organizations—notably the Matrons Council—now affiliated in the National Council of Trained Nurses of Great Britain and Ireland.

THE NATIONAL COUNCIL OF GREAT BRITAIN
AND IRELAND.

This Council is built up upon a plan where by, through groups of nurses, the voice of each one can be effective, as each possesses an equal vote, and it is so constituted that it is capable of unlimited expansion, as all associations of nurses, formed for the benefit of nurses, are eligible for affiliation, provided that the members hold qualifications of training acceptable to the Council. Moreover, it holds the field as the National Association from this country recognized as such by the Great International Federation of Nurses—the membership of which is 50,000 strong.

THE NURSES SOCIAL UNION.

The proposal put forward by Mr. Pollitt to form another National Association inclusive of every variety of interest which is already covered by other organizations, has

called forth a claim on the part of the Nurses Social Union that it already covers the field. Excellent as the Union is as a social factor, we cannot endorse this claim. The very basis of its particular form of usefulness is its close social affiliation with the laity interested in various forms of social work, and it admits as associates women who are not, and never can be, members of a standardized nursing profession. Granted that within recent times it has continually altered and added to its constitution, we should regret to see the Nurses Social Union shedding its social skin, and attempting to do what cannot be done until such time as the nursing profession has a legal basis upon which to found an effective recognized membership. The Nurses Social Union has taken no part in elevating the profession of nursing into a legally constituted body, and unless it is prepared to include such a policy in its constitution, and to work actively for it, it cannot assume to meet the needs of the educated wing of the nursing profession. Moreover, it merely touches the fringe of the English nursing world.

GREAT NEWS.

We announce the great news this week that the Prime Minister has promised that the claims of the Nurses' Registration Bill shall be considered, therefore let all nurses desirous of advancing their profession put their money and their brains into the effort to secure legal status. When that is gained they can usefully specialize in many directions.

LECTURE ON TUBERCULOSIS.

On Tuesday afternoon last, Dr. Steegmann, under the auspices of the Nurses Social Union, gave a most interesting Lecture on Tuberculosis at the Institute of Hygiene, Devonshire Street, W.

Dr. Steegmann said that many people who spoke of tuberculosis limited it mentally to pulmonary tuberculosis, but, like syphilis, it affected every organ of the body, unless perhaps, the pancreas.

It was interesting to hear that in the middle of the 18th century Marten proclaimed that consumption was caused by an animalcule, and declared that if a microscope could be made sufficiently powerful he would wager all he possessed in the world that he would be able to see it.

OUR PRIZE COMPETITION.

HOW MIGHT A CASE OF SCARLATINAL NEPHRITIS BE RECOGNIZED, AND HOW SHOULD SUCH A CASE BE NURSED?

We have pleasure in awarding the prize this week to Miss Josephine G. Gilchrist, Gilmore Place, Edinburgh, for her paper on the above subject.

PRIZE PAPER.

Nephritis, or inflammation of the kidneys, usually occurs in the third or fourth week after an attack of scarlet fever. It is one of the most common and serious after-effects of that disease, and the symptoms are recognised in the appearance and condition of the patient. In a mild case, the patient's face is pale and puffy, and much swollen if going about; feet and hands swell, and there is loose skin under the eyes. The first symptoms are often vomiting, rigor, more or less fever, constipation. In more severe cases the patient presents a flabby, bloodless look, is drowsy, and easily fatigued; there may be pain in the small of the back, increased by pressure or sudden change of position. In all cases the urine is abnormal. It is reduced in amount, sometimes to a few drachms in the twenty-four hours; contains excess of albumen in varying quantity; blood noted by the brownish red colour; epithelial casts from the small urinary ducts of the kidney.

The functions of the kidneys are to secrete from the blood various impurities, which, if retained, would become poisonous to the system.

The cause of scarlatinal nephritis is due to the poison of the fever, which is in great part removed from the system by the kidneys, irritating these organs, retarding the flow of blood through the minute vessels, with ensuing congestion and exudation of albumen and fibrinous tissue. The functions of the skin being closely allied to those of the kidneys, exposure to cold or chill after a febrile condition may be a predisposing cause of nephritis, which may also be associated with the abnormal state of other organs of the body.

The importance of early recognition and treatment is very essential, as the blood may become so contaminated from want of due purification in the kidneys as to cause uræmia, or the kidneys may become permanently damaged, and a chronic or dropsical condition be the result.

In nursing treatment, warmth is most essential; the patient should wear flannel night-clothing and sleep between blankets, being protected from draughts and chill air. The night-

shirt must be changed when wet with perspiration, and careful attention paid to the skin, on account of its lowered vitality and liability to bedsores, especially in severe œdematous cases. Position in bed should also be considered, it being usually better for the patient to sit up, warmly clad, for a part of the day if the dropsical condition is likely to affect the brain, heart, or lungs.

The object of treatment is to lessen the work of the kidneys as much as possible, and to hasten the return to normal conditions by the increased activity of the skin and intestines in the elimination of waste and poisonous products.

The kidneys should be flushed out with copious draughts of water or diluent drinks, such as barley water, whey, or buttermilk. The diet must be light and easily digested; entirely milk, with barley or soda water, followed in convalescence with farinaceous foods, fish, and bacon. Eggs, butcher's meat, and stimulants should be avoided, though fat, in the form of cream, butter or fruit salads, may be permitted later. A regular action of the bowels is important. Saline purgatives, such as sulphate of magnesia, which cause watery evacuations, are the most useful. Diuretic and diaphoretic drugs may be ordered to increase the amount of urine and induce sweating of the skin.

It is important that the urine be accurately measured and recorded on a urine chart, the quantity being reckoned for the twenty-four hours. The specimen for testing should be taken from that passed early in the morning. The nurse may be required to test for albumen. Various tests are used, heat and acetic acid being most commonly employed, the boiling coagulating the albumen if present, such being converted from a transparent liquid to an opaque substance at the point of contact with the acid medium. It is necessary to keep test-tubes and receivers for urine scrupulously clean, any smell of stale urine being obviated by rinsing them out with carbolic acid solution. Every nurse should be acquainted with the simpler tests and method of routine in testing urine, so it is unnecessary to give the procedure in detail here.

Hot baths are very helpful in promoting the action of the sweat-glands of the skin, and by increasing the blood supply to the skin, thus diminishing the amount of blood passing through the kidneys, and giving them a better chance of recovery. The patient should remain in the bath from five to ten minutes, the temperature being raised and kept from 104° F. to 110° F. The patient should afterwards be placed in bed, rolled in hot blankets, and given

cold water to drink, which induces perspiration. After the stated time, the patient should be carefully dried, clothed in warm, dry garments, and put comfortably to rest.

The dry pack is another useful form of inducing perspiration. Whatever method is employed, the nurse must carefully watch for signs of faintness or prostration, as the treatment is always exhausting to the patient.

To recapitulate, the chief nursing points are warmth and protection from chill, careful attention to state of bowels, and measuring and testing urine; to watch carefully for the development of graver symptoms indicating uræmia, and to strictly adhere to the prescribed diet and administrative treatment, such as drugs, baths, and counter-irritants, such as cupping, which may be directed by the medical practitioner.

HONOURABLE MENTION.

Many of the papers this week were excellent. The following competitors receive honourable mention: Miss Marie McGrath, Miss Hannah Scott, Miss S. Simpson, Miss A. D. Fairbank, Miss A. L. Clarkson, Miss M. A. Edge, Miss Emily Marshall, Miss A. Dyer, Miss M. McIntosh, Miss A. O'Donaghue.

Miss McGrath says: "The first thing to do is to put your patient between blankets; also a flannel nightshirt; there should be not less than two (well-protected) hot-water bottles in the bed. Ordinary diet must be stopped. The nurse ought to bear in mind that it is absolutely essential for the patient to have plenty of fluids to flush the kidneys. No beeftea or animal extract should be given, but milk, lemonade, barley water, and as much plain water as he likes to take. Aperients will be ordered. Then we must get an increased action of the skin. We understand, of course, that owing to the inflammation of the kidneys they cannot do their work, so we get the skin to help us in the process of excretion. Hot baths and hot packs are the most popular means of accomplishing this. The bath should be about 100° F. to 105° F. when the patient is put in, and gradually increased to 110° F. A blanket should be placed over the bath, and the patient be given a hot drink. The bath should last about twenty minutes, and the nurse must be careful to notice the pulse, and also to watch if the patient feels faint, and if so, to take him out at once, and put him between warm blankets."

Miss M. A. Edge points out that "the patient is pale and drowsy; the eyelids, feet, and ankles are often puffy, although dropsy may be entirely absent. Sometimes puffiness of the eyelids is the first symptom noticed, the feet

and ankles becoming swollen several hours later. The skin is harsh and dry."

Miss Clarkson says that "vomiting is very often the first symptom, the occurrence of which makes an immediate examination of the urine necessary."

Miss Scott lays stress on the necessity for securing a daily evacuation of the bowels—if not naturally, then by means of an aperient, preferably licorice powder $\frac{1}{2}$ ounce, or mist. alb. 1 ounce, each morning, or alternately. If uræmia occurs, or retention of substances which ought to be excreted by the kidneys, the symptoms would be more severe, following on to slight delirium and coma, or severe convulsions.

Miss Fairbank notes that there may be slight impairment of vision, and there will probably be twitchings of the muscles of the face and hands; these are sometimes only very slight, but there may be general convulsions.

QUESTION FOR NEXT WEEK.

What care should a nurse give to engorged breasts?

We regret that by a printer's error, in the Prize Paper, on the care of the mouth and hair, last week the word germs was in one instance substituted for gums. The paragraph should read: "After breakfast the teeth should be cleaned with the toothbrush, using kolynos, as this helps to keep the gums in a more healthy condition."

THE KING EDWARD THE VII ORDER OF NURSES.

We have to heartily congratulate Miss J. C. Child, recently Matron of the Government Hospital, Mhahle's Hoek, Basutoland, upon her appointment as Superintendent-General of the King Edward VII Order of Nurses for South Africa. The success or otherwise of this new Order will depend very greatly upon the knowledge and capacity of the Superintendent who helps to organize the service, and we feel sure the wide experience in the nursing field in South Africa of Miss Child will be a very valuable asset from the start.

Trained at St. Thomas' Hospital, London, after coming into touch, as a member of the Registered Nurses' Society, with the inspiration of internationalism, she worked through the Græco-Turkish War, the South African War, and has been Lady Superintendent of the New Somerset Hospital at Cape Town, and the Bula-wayo Hospital, and has done pioneer work in

Basutoland. Thus for many years she has been in near personal touch with nursing problems in South Africa, and believes in carrying the very best skilled nursing far afield for the benefit of all races beyond the towns, where alone at present it can be provided, leaving distant and lonely farms and country districts very ill-provided owing to the great cost of travelling. It is therefore hoped to plant comfortable Nurses' Homes within a defined radius; and whilst the nurses are to receive good salaries and comfortable homes, the charges for nursing will vary according to what can be afforded by the patient. It is hoped to engage all the nurses required in South Africa from those who have had experience of the country, and as far as necessary with a knowledge of the Dutch and native languages. In our opinion this is a very wise determination. What good work and remuneration is available should certainly go first to those who, like Miss Child, have borne the heat and burden of the day, and have thus by their skill created the demand for the Order.

We specially congratulate Lady Gladstone and those who with her are helping to organize this living memorial of our late King, that they have selected a woman as Superintendent who has proved herself educatable internationally, who believes in our motto, "No nationality in Nursing," and who has for many years, with very little encouragement, worked steadily in South Africa for nursing unity. Miss Child came all the way from far Basutoland to the Cologne Congress, to bring statistics and greetings from United South Africa. She is the Hon. Vice-President of the International Council of Nurses there, and will now have an opportunity of helping to form that much-needed National Council of South African Nurses, which, let us hope, will be ready to affiliate internationally at San Francisco in 1915.

What a glorious day to welcome together into the Federation the nurses of the splendid Commonwealth of Australia, who have decided to seek affiliation, and the nurses of United South Africa! May we live to see it.

Incidentally, what is immediately needed to start the King Edward VII Order on a sound financial basis is an endowment fund of £100,000.

The Duchess of Connaught has recently handed over upwards of £40,000 to the Victorian Order of Nurses of Canada. Here is a fine chance for the millionaires residing in England, and very magnificently so, whose wealth was accumulated in the gorgeous days of South African finance. Let them hand over to Lady Gladstone this little sum of £100,000.

THE PREMIER PROMISES CONSIDERATION FOR THE NURSES' BILL.

On February 5th Mr. Athelstan Rendall asked the Prime Minister in the House of Commons whether he was aware that a Bill to provide for Nurses' Registration was passed through the House of Lords in 1908 with the assent of both parties; that this Bill has been for nine years introduced into the House of Commons, and supported there by Members of all parties; that within the past twenty years Acts for the Registration of Nurses have been passed in every British Colony and in thirty-four of the United States of America; whether, under these circumstances, he can hold out hope that during next Session facilities may be provided for the Bill now before Parliament?

The Prime Minister (Mr. Asquith) replied: I can make no promise for next Session, but the claims of this Bill will be considered.

We are satisfied with that reply so far. How much it means is for the professional conscience of the Nursing Profession to determine. Up and doing is our advice.

THE TIME IS RIPE.

A Meeting of the Executive Committee of the Central Committee for the State Registration of Nurses will be held in London on Saturday, 22nd inst., as it is considered that the time is ripe for the consideration of the Nurses' Registration Bill by the House of Commons at the earliest possible moment. Those who have for so many years urged upon the Government the necessity for protecting the sick public from dangerously inefficient women acting as nurses, and of encouraging the admirable type of woman who is content to qualify herself thoroughly to care for the sick, know that the long delay of legislation on the nursing question has had very disastrous effects upon the nursing vocation as a whole. Conscientious, well-educated, responsible young women have little or no encouragement to enter hospitals for years of arduous training, when, having passed such a test satisfactorily, they pass out into the community with no protection for the standard of efficiency they have attained, and have to compete in the open market with every type of unsatisfactory attendant on the sick, who, without let or hindrance, assumes their title and their uniform, and exploits their fees.

Hospitals and infirmaries are beginning to feel the pinch. They need a constant supply of the best women, and the supply is far below the demand. The governors of these institutions have themselves to blame; their attitude as employers of nurses has been intolerant and

ungenerous in the extreme. We have the London Hospital denying a full term of three years' consecutive training, and sending out for gain their insufficiently trained two years' nurses to compete with those who have twice their experience. We have the governors of St. Bartholomew's Hospital actually denying freedom of speech to certificated nurses within its gates, concerning their own work and lives. Is it any wonder the best type of woman refuses to enter a profession where all that makes work worth while is denied to her by ignorant men, whose one aim apparently is to run their charities at the expense of women workers at the cheapest possible rates. No wonder the Old Guard grow impatient with delay, and are determined to be up and doing. The time is ripe. Our Government owes us appreciation and help; it is time it paid its debts, and with interest.

MORE TRAINED NURSES FOR TURKISH SOLDIERS.

The work of Sisters Warriner and Obee, of the Registered Nurses Society, has been officially reported upon by the Director of the British Red Crescent Society in Turkey, as so valuable in nursing sick and wounded soldiers at San Stefano, that Mrs. Fenwick has been requested to select two more Sisters "of the same type." Thus, at twenty-four hours' notice, red crescents well to the fore, Sisters Emily J. Haswell and Lucy M. Park, of the R.N.S., left London on Friday, the 14th inst., for the front, with a hearty send-off from Judge Ameer Ali, Colonel Surtees, Mrs. Fenwick, Sister Cartwright and Miss Breay.

The shortage of efficiently trained women nurses during the War in the Near East, on both sides, has probably caused the loss of thousands of lives. After the first rush of the wounded after battle, it was nursing—real scientific, first-class, devoted nursing—which was the great need; and to our everlasting disgrace the British people—whilst contributing £40,000 for the care of the sick and wounded—are too ignorant of the true value of scientific nursing to insist that our British Red Cross Society should be compelled to provide it. When the war is over this is a question which should be well probed into, in spite of medical bureaucracy, supported by society futility and high social patronage and interference. No country has more capable nurses willing to serve than Great Britain and Ireland, and that our services have only been available by dribbles—through individual charity—proves once more how all important it is that the Nursing Profession should possess the power of legal status. Its position in the body politic to-day is a most contemptible one—and it is so because as a whole it is devoid of a professional conscience, *esprit de corps*, and self-respect.

NURSING IN RURAL WORKHOUSES.

WHAT CAN WE DO TO HELP?

In spite of the black fog there was a good attendance at the meeting held in the Committee Room of the National Union of Women Workers, Parliament Mansions, S.W., on Saturday last to discuss nursing in rural workhouses, when Miss James, P.L.G., presided, and Miss Jane Wilson and Miss A. C. Gibson were the speakers. Miss Wilson urged that to arouse the public it was necessary to keep the question ceaselessly before it.

She had visited many of the smaller unions, and, with the permission of the Guardians, slept in others. Some were quite unsuited for their purpose, and were a dreary refuge for the small number of aged and infirm who lived there surrounded by an atmosphere of repression and gloom, impregnated with the smell of boiling porridge, perchloride of lime, and soapsuds.

She remembered how deeply pleased she was to hear that a Royal Commission had been appointed in 1906 to inquire into the whole condition of the Poor Law in the three Kingdoms, but the result had been small, though the Commission did report that they considered that the country was not getting the results it should for the millions of money spent on the sick poor in Poor Law infirmaries. The speaker said that Guardians did not always realise what great powers they possessed and instanced the excellent results attained at the Birmingham Infirmary.

From the deliberations of the Royal Commission all that had come so far was the new Draft Order, at present confidential, although much of it had been published in the press. The Order was dangerous, and if left as it now stands a far worse state of things would come to pass in the rural workhouses than prevails even at present. It put the Superintendent Nurse under the Master, and in workhouses where there is no Superintendent Nurse delegated her duties to the Matron. Married couples were usually engaged as Master and Matron, and even the Local Government Board could not lay down that a Master must always marry a trained nurse.

Miss Wilson remarked that she was sorry to see an article in the *Times* of December 26th, 1912, a paper which had hitherto stood for what is big and fine, commending the Draft Order. The Order was a retrograde one, and its effect, if put into force, would be to discourage the best nurses from entering Poor Law nursing.

Miss Gibson pointed out that the able-bodied occupants of workhouses have largely decreased, and the sick increased. The opinion among nurses was too often that the sick poor in rural workhouses were a poor sort of persons, who got as much as they deserved. She emphasised the fact that many of the rural workhouses were often hospitals for the chronic, and sometimes

acutely sick poor of the locality, who during their years of work had been paid such low wages that they could not afford to save or even to take care of their health. Cases of rheumatoid arthritis which needed to be handled with the greatest care, and whose limbs were so tender that they dreaded to be touched, cases of cancer, &c. The deterrent effect of the Poor Law should not fall on these people, yet, in the new Draft Order there was no qualification at all for the nurses in small unions, none. It was a wicked and scandalous thing that these people should not be properly nursed.

If anything was to be done it must be done at once, for if public opinion could not be roused the Order would have to go through. The speaker strongly advocated the formation of a Nursing Department by the Local Government Board Office, with trained nurses upon it to deal with Poor Law nursing, a claim frequently put forward in this journal. So far as she knew, nursing authorities had not been consulted in drafting the Order. She hoped not, considering its import. She advised her hearers to concentrate on urging the absolute necessity of the formation of a Nursing Department at the Local Government Board. Some officials considered that if they were capable of performing their own duties they were capable of doing everyone else's also, but this was not the case.

As an example of the difficulty which might arise when the Matron of the workhouse overlooked the domestic affairs in the sick wards, Miss Gibson instanced a case where all the sheets sent down as dirty by the Superintendent Nurse were inspected by the Matron and returned to the wards if she did not consider them sufficiently soiled. The Matron did not know what influenced the Superintendent Nurse to send down the sheets, or what diseases the patients were suffering from who had been between them.

Miss E. C. Barton, President of the Poor Law Infirmary Matrons' Association, said that it had asked to be received by the Local Government Board in relation to this question, and she had presented the following memorandum in its name:

SIR,—I have to thank you for your courtesy in receiving us here to-day.

As an Association comprising nearly all the Matrons and Superintendent Nurses in the infirmaries recognized as Training Schools by the L.G.B., we beg to be allowed to make a few suggestions with reference to the alterations it is proposed to make under the new Draft Order in the position of the Superintendent Nurse.

1. In the interests of the sick it is essential that only those trained in a recognized school should be appointed as Superintendent Nurses.

2. That in Infirmaries having a minimum of 60 to 100 beds the Superintendent Nurse shall be directly responsible to the Medical Officer and Guardians, the Master being, as regards the sick wards, in the position of steward.

It is essential that the Superintendent Nurse have entire charge of the linen in her department; that she should present her own reports directly to the Committee; that she should interview all female candidates

before they are appointed, and be present at every Committee when business connected with the female staff is under discussion. She should issue all passes for leave of absence, and report all cases of negligence and misconduct to the Medical Officer.

In cases of emergency, arising in the absence of the Medical Officer, the Superintendent Nurse should requisition the Master for the necessary help, she reporting the same to the Medical Officer.

At the same time it is felt that difficulties would arise in applying this procedure to the small country Unions. We therefore suggest that in cases where only three to four nurses are employed that the name Superintendent Nurse should be changed to that of Charge Nurse, and that she should work according to the old Orders.

It is an undisputed fact that the present anomalous position of the Superintendent Nurse, in a large number of cases, prevents the best and most suitable women from applying for these important and responsible posts.

We therefore beg that any alterations made in existing conditions may be such as will render these posts universally attractive to self-respecting and well-trained women.

ELEANOR C. BARTON,

President P.L.I.M. Association.

Miss Barton added: I should like, as a personal expression of opinion, to put forward the suggestion that perhaps the difficulty might be met in institutions of from 60 to 100 beds if only women were appointed as Workhouse Matrons to these smaller institutions who held a three years' certificate from a recognized Training School, and the certificate of the Central Midwives Board, the Matron could have trained assistance according to the needs of the Institution, and the necessity for Superintendent Nurses in these smaller Institutions would then practically cease to exist.

Miss Wilson said that her Association had sent a memorial to Mr. John Burns, and also offered a deputation, and pressed till they received an answer, but "no more expert knowledge was wanted," and they were refused.

RESOLUTIONS.

Miss C. J. Wood, who moved the first resolution, said that she had been a sort of Meddlesome Matty in Poor Law affairs for many years. She had come to the conclusion that the only remedy was to sweep away the Local Government Board Office, owing to the hopelessness of knocking any sense into the present Board. She moved:—

"That this meeting is of opinion that all nurses who are employed in the sick wards of workhouses or rural workhouse infirmaries should be trained in the accepted sense of the word, and that the sick department be a separate department under the control of the Infirmary Committee or the Guardians."

This was seconded by Miss Amy Hughes and carried.

The second Resolution was moved by Miss Gibson, as follows:—

"That this meeting of Guardians, Poor Law and Infirmary Matrons, and others, would respectfully ask the Local Government Board if they may be supplied with a copy of the Draft Order, in order that they may consider the same before it becomes law."

This Resolution was also carried.

The meeting was then adjourned, so that the situation might be considered when the Order was before it.

THE CENTRAL POOR-LAW CONFERENCE.

The forty-first annual Central Poor-Law Conference was held in the Council Chamber of the Guildhall, London, on Tuesday and Wednesday, February 11th and 12th.

The proceedings on Tuesday were opened by the Right Hon. the Lord Mayor.

The President, Mr. Morton Latham, D.L., J.P., in proposing a vote of thanks to the Lord Mayor, said they had met together in the wealthiest city in Europe to consider extreme poverty. Development must necessarily follow changing customs. Good or bad administration depended entirely on the men and women who administered, and it was desirable that only those should be elected as guardians who had a special interest in the poor, and, we should like to add, some expert knowledge of social conditions beyond the village pump!

The papers read on Tuesday were, (1) "The Mental Deficiency Bill from a Eugenic Aspect," by Major Leonard Darwin, President of the Eugenics Education Society, and by Miss Fortey, B.Sc., P.L.G., Leicester, (2) "The Administrative Side of the Bill," by Rev. J. S. G. Probert, a guardian of the Fulham Union.

Major Darwin pointed out that, as regards the mentally deficient, our legal and social system seemed to be designed actually to encourage their appearance; for, whereas the parents of a normal child had to feed him, find boots for his journeys to school, etc., the deficient child is carried there, fed there, and often given boots. It follows that this lessening of strain on the parents of defectives must have some tendency to promote their fertility. The eugenicist sees that the main object must be to increase productiveness in the higher types, by the State making adequate provision for all mothers and all children who stand in need of it. Where more than one defective child has appeared no relief, charitable or otherwise, should be given to such parents, outside the workhouse, so long as capable of bearing children. Institutional experience proves that, while a large number of mental defectives remain remarkably contented under permanent control, freedom often means nothing but misery and disgrace. Our main eugenic hope rests on dealing with the defective child from infancy onwards, in such a way as to prevent procreation when grown up.

Miss Fortey said: "Only very extraordinary circumstances justify the setting aside of the fundamental right of mankind. One of these rights is that of marriage, including that of parenthood. If it were *certain* that offspring would be degenerate, it would be a strong case for prohibition." She went on to quote from various authorities who question the possibility of anyone predicting the quality of an infant to be born; one giving an instance of two feeble-minded parents producing children of normal intelligence. She urged the point that an examination in scholarship would not be a test for parenthood, and said

it was not among the unlearned that we meet with what Dr. Saleeby calls "imitation mothers, no longer mammalia, who should be ashamed to look a tabby cat in the face."

In the discussion that followed, Mrs. Nott Bower remarked that Miss Fortey had forgotten the fact that a pail of water was always ready for the kittens. Miss Fortey went on to say that if the Mental Deficiency Bill was passed, a man morally weak who had wronged a girl mentally weak would be debarred from making the only reparation in his power. In the name of womanhood she protested against such a state of things.

Mrs. Nott Bower said that Miss Fortey pointed out the fundamental right of parenthood, but it was to be at other people's expense. She deeply deprecated the suggestion that reparation should be made to the feeble-minded girl by marriage. It would make matters ten times worse, and do harm to every class of the community. There was no cure for the harm that had already taken place. She stated that 50 per cent. of fallen women were feeble minded.

The Rev. R. S. Mitcheson drew attention to the relation that disease had to feeble-mindedness in lowering the vitality, and said we should attack the cause by preventing the spread of syphilis and consumption, in checking drink, and the providing of better housing for the working classes.

Mr. J. Stone, Canterbury, said that if eugenics were pushed to excess we should have to decide whether it were not better to be born a rogue than a fool.

Mrs. Harley pressed for the detention of men who went about destroying young girls, as our streets and villages will never be safe while they are at large, for, she says, "they must be mentally diseased."

On the second day of the Conference the subjects of the papers were "The Training and Treatment of Poor Law Children" (1), by Mr. J. M. Rendel, Guardian, Kensington, and (2) Miss Henry, Newbury; and (3) "Vagrancy," by Sir W. Chance, Bart.

Mr. Rendel advocated the claims of the school system, either in barrack form, or in the cottage home school.

Miss Henry showed the advantages of the boarding-out system in the homes of respectable working people. She said that Poor Law schools, cottage homes, and workhouse wards are unnatural homes, and make-shifts at the best. They are other names for a workhouse. She urged the necessity of leaving children with their mothers wherever possible. No better training can possibly be found for a child than in its own home, even if the mother be indifferent. Children in barrack schools lose all independence of character. They think the whole world is the same. What can they know of house-keeping where meat is bought by contract, tea by the chest, flour by the sack? Well may we paraphrase, "Sirs, ye are mad." Can anyone conceive even remotely that this

approaches real life, the life for which these children are supposed to be preparing.

Mr. Percival, Tynemouth, said that the paper read by Mr. Rendel in support of barrack schools was almost amazing in 1913. It was a Poor Law Rip Van Winkle, and as though a prehistoric beast had put its head into the window. It was as though someone had suggested stage coaches instead of motor buses. There followed much more interesting discussion on this subject. Sir William Chance discussed the possible causes of the rise and fall in the number of vagrants, and the methods of treatment.

The proceedings terminated with votes of thanks to the chairmen and speakers.

A full report of these very interesting papers and discussions, price 1s., will be published by Mr. W. G. Lewis, 100, South Hill Park, Hampstead.

VENEREAL DISEASES AND THE INSURANCE ACT.

The Public Health Department of the City of New York has requested every medical man practising in the confines of the city to report every case of venereal disease seen by him during 1913, omitting the name and address, but stating the age and sex of the patient. Clinics have been established to which patients can be sent free of charge for the purpose of having a precise diagnosis made and the Wassermann and other tests applied free of cost.

Commenting on this the *British Medical Journal* says:—"The arrangements for the precise diagnosis of venereal diseases are certainly calculated to promote its more accurate and enduring treatment, and some step of the kind is certain to be found necessary in connexion with the National Insurance Act. Venereal diseases are among those which medical men on the panels will have to treat, and undoubtedly they will not infrequently require diagnostic assistance. Laboratory diagnosis in this connexion will, indeed, be one of those many side sources of heavy expenditure for which Mr. Lloyd George is not known so far to have made provision, though he has made an undefined reference to the need for the employment of modern means of exact diagnosis. An additional point worth noting is that the records of their work that medical men on the panels will have to keep, will, so far as the insured classes are concerned, automatically supply returns of a kind equivalent to those now being sought by the New York authorities, though possibly the interests of individuals will not be so fully safeguarded."

The Oxo Company have just issued an extremely attractive poster, entitled "The Doctor and the Child." The success of the publication is due to Mr. Joseph Simpson.

APPOINTMENTS.

LADY SUPERINTENDENT

Cottage Hospital, Fleet, Hants.—Miss Porteous has been appointed Lady Superintendent. She was trained at Addenbrooke's Hospital, Cambridge, and has for the last three and a half years been Matron of the Cottage Hospital, Savernake, which has 31 beds.

MATRON.

The Hospital, Boston.—Miss Mary Wilkinson has been appointed Matron. She was trained at the Stanley Hospital, Liverpool, and has been Sister there and at the Blackburn and East Lancashire Infirmary, and at the Victoria Central Hospital, Liscaid, where she has also held the position of Assistant Matron.

Hospital for Sick Children, Belfast.—Miss Annie P. Knox has been appointed Matron. She was trained at the Royal Victoria Hospital, Belfast, where she has held the positions of Surgical Ward Sister and Assistant Matron.

Nordrach-on-Dee Sanatorium, Banchory.—Miss T. G. Barclay has been appointed Matron. For the past ten years she has been Matron of the Westmorland Consumption Sanatorium.

Lebanon Hospital for the Insane, Beyrout, Syria.—Miss Jane Gibb has been appointed Matron. She was trained at the Birmingham Poor Law Infirmary and the Royal Asylum, Glasgow, and has held the position of Assistant Matron at the Royal Asylum, Perth.

NURSE-MATRON.

The Isolation Hospital, Gainsborough.—Miss Florence E. Weddall has been appointed Nurse Matron. She was trained at St. George's Infirmary, London, and has been Night Sister and Deputy Matron at the Nottingham City Hospital, and Matron for 7½ years at Rothwell Joint Isolation Hospital.

SISTER.

General Infirmary, Worcester.—Miss Mabel F. Watson has been appointed Sister. She was trained at the Bolton Infirmary and Dispensary and has held the position of Sister at the Monsall Fever Hospital, Manchester, and has also done private nursing in Swansea.

Coventry and Warwickshire Hospital, Coventry.—Miss F. Gill has been appointed Sister. She was trained at the Royal Infirmary, Hull, and has held the position of Night Sister at the Hospital, Newark-on-Trent.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received provisional appointments as Staff Nurses:—Miss E. M. Davies, Miss M. B. Smith, Miss D. M. Best, Miss A. Seale, Miss L. A. Parker, Miss A. M. Cochran, Miss M. de H. de Carteret.

MILITARY FAMILIES HOSPITALS.

Promotions.—Miss A. C. Markwick and Miss E. M. Cooper have received promotion to the rank of Matron.

Appointments.—The following appointments have been made:—Miss F. M. Garrett to Shorncliffe, Miss A. H. Hoare to Devonport, Miss F. D. Gort to Aldershot, Miss J. Perkins to Curragh.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Queen Alexandra has been graciously pleased to approve the appointment of the following to be Queen's Nurses to date January 1st, 1913:—

ENGLAND AND WALES.

Lily M. Jenkins, Bath; Nellie Glover, Kate Robinson, Emily Routledge, Rosa A. Stoodley, and Annie Swinburne, Birmingham (Summer Hill Road); Winifred A. Holroyde, Bolton; Ethel M. Haile, Mary A. Hawkes, Rosahne M. G. Lee, Ethel M. Maconachie, Annie M. Mossman, Celia A. Perkins, Annie M. Sortwell, and Emily B. Turner, Brighton; Elizabeth M. Groenevelt, Camberwell; Emma J. Corner, East London (Central); Madeline G. Jackes, Gloucester; Elizabeth M. Maskew, Hackney; Ellinor F. Williams, Halifax; Eleanor Neale, Leeds (Central); Margaret E. Walsh, Leicester; Edith Fairhurst, Nellie Hayes, Annie Shaw, and Ethel Walsh, Liverpool (Central); Sarah E. Archer, Liverpool (Derby Lane); Winifred A. Connor and Lillian Terry, Liverpool (North); Kathleen Kelly, Liverpool (Williamson); Alice Clarke, Manchester (Ardwick); Helene M. de Hartog and Ada Skerratt, Manchester (Ardwick); Emma Chadwick, Catharina Wilhelmina Kanderer, and Gertrude Long, Manchester (Bradford); Jessie McC. Leitch, Manchester (Salford); Mary Powell, Metropolitan; Louisa Andrew, Annie B. Cooke, and Edith M. Pollard, Portsmouth; Alice J. Snaith, Reading; Alice M. Lewis, St. Helen's (Lanc.); Florence H. V. Faber, St. Olive's; Mabel H. Snaith, Shoreditch; Helen Lunn, Sunderland; Mabel Evans, Warrington; Annie Brown, Worcester; Susan K. Roberts, Mary Warren, Menevia J. Watkins, and Martha E. Williams, Cardiff.

SCOTLAND.

Jeanie F. Black, Charlotte E. Browne, Kate McL. Graham, Margaret Litton, Helen McLean, Jeanie Toll, and Agnes R. Watt, Scottish District Training Home, Edinburgh; Mary Barnet, Margaret A. MacKechnie, Higginbotham Nursing Association, Glasgow.

IRELAND.

Elizabeth M. Connolly, Agnes M. Keogh, Katherine O'Connell, Mary A. Rahanan, Hannah J. Roche, and Mary Sutton, St. Lawrence's Home, Dublin; Jane H. Hanna, Martha D. Liken, and Martha J. Taylor, St. Patrick's Home, Dublin.

TRANSFERS AND APPOINTMENTS.

Miss Annie Brown is appointed to Bermondsey, Miss Nellie Glover to Birmingham (Summer Hill Road), Miss Elizabeth Pepper to Wilmslow, Miss Florence Wilkinson to Huddersfield.

RESIGNATION OF MISS CURTIS.

A Loss to District Nursing.

Miss Curtis, Superintendent of the Hammersmith and Fulham District Nursing Association, is retiring in May next, after twenty-two years' continuous service at her post. This Association (with eight nurses) provides for District Nursing in the two large and important Boroughs of Hammersmith and Fulham and will shortly include in its sphere of work two school clinics, one in Fulham (already started) and one in Hammersmith. Miss Curtis, to whom the Association is so largely indebted for its development and present efficiency, began her district nursing career with the Metropolitan and National Association, and went to Hammersmith in October, 1890. Here her zeal and devotion to the work, her resourcefulness and powers of organization, have won the respect and gratitude of all concerned with it, and her retirement will cause general regret. To Miss Curtis was recently awarded by the Queen Victoria's Institute for Nurses the gold badge, in recognition of twenty-one years' service marked by good and loyal work for the Institute.

The following members of the Registered Nurses' Society have resigned:—Sister Bertha M. E. Hesketh, who has been offered the post of Sister of Elizabeth Ward (Maternity) at St. Bartholomew's Hospital, where she was trained; and Sister Christina D. Winder, upon her approaching marriage next month. Sister Winder was trained at the Western Infirmary and the Richhill Fever Hospital, Glasgow. Both members will be a loss to the Society, as their good work has been much appreciated by patients and doctors.

Nurse Robinson has resigned from the Kent Nursing Institute after twenty-three years' faithful service and excellent work, and at a recent meeting the Committee put on record their appreciation of her fine character, her ability, and great devotion to duty.

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THE PASSING BELL.

The death has occurred at Sutton, Surrey, of Mrs. Isabel Carmichael, one of the band of women who served with Florence Nightingale in the Crimean War. She was then the wife of a soldier, William Kirkland, and she followed him to the Crimea as one of Miss Nightingale's nurses. Her son, William Kirkland, now an engineer at Huddersfield, was born in the Crimea. She went with her husband to India, and remained through the Mutiny. Her husband died of wounds sustained in the war, and Mrs. Kirkland returned to Scotland, where she married Mr. Carmichael. Her death has occurred at the age of over 80 years, and she leaves three sons and two daughters, the eldest daughter being Mrs. R. Farnhill, of South Cliff, Scarborough.

NURSING ECHOES.

The Hon. Secretary of the Society for State Registration of Nurses begs to remind members that annual subscriptions of 1s. are now due for 1913, and, as the Society is desirous of pushing the State Registration question well to the front upon every available opportunity, especially after the Premier's promise that the claims of the Bill shall be considered, she will gratefully receive them. A subscription of 5s. provides for Life Membership. Changes of addresses should be notified to her at the official address, 431, Oxford Street, London, W.

To guard against malingering on the part of either patient or doctor, the General Federation of Trade Unions has decided to appoint in connection with its approved national insurance society a staff of trained nurses, who will have the right of entry to the homes of sick members, and will make it their business to see that both doctor and patient are encouraged to keep down the bill for sick pay.

Miss E. Hanan, Secretary of the Irish Nurses' Association, and Miss A. W. Gill, Lady Superintendent, Royal Infirmary, Edinburgh, both write to acknowledge Miss Dock's gift to their respective Nurses' Libraries of Vols. 3 and 4 of "A History of Nursing," and express great pleasure at possessing this valuable work.

Miss C. Elston has accepted the matronship of the Parnet Hospital at Algiers, where she will stay until the present assistant matron, Mlle. Arnould, has gained sufficient experience in the supervision of the lately started training school to take full charge. Since leaving Bordeaux, the expert knowledge of Miss Elston has been requisitioned by the Committee of the Havre Hospitals in the organization of the Pasteur Hospital at Le Havre. At present she is for her own pleasure visiting the various Paris Hospitals.

Miss S. Grace Tindall, President of the National Association of Nurses of India, writes from Bombay:—"I hope I shall not receive many more BRITISH JOURNALS OF NURSING here, for a time, as my passage is booked on the 'Arabia,' leaving Bombay on April 5th. Whether I shall be on board or no, I don't know, but I earnestly hope so. Five and a half years of such work as I have put in cannot be very much prolonged—therefore I hope to be greeting you in London before the

spring flowers have disappeared. Fourteen years since I saw a Spring in England! I once got home in time to see a very few bluebells on the run up from Dover to London, and I hope by April 19th some few will have kept back their beauty and sweetness to gladden weary longing hearts and eyes. If you have a late Spring, and are inclined to grumble, remember your exiled sisters, and don't regret it."

Miss Tindall may be sure of a very warm welcome at home. Her wonderful work for the improvement of nursing in India and the inspiration she is to nurses all over India, is shown in the organization of the National Association, and is well known and most gratefully acknowledged by her international colleagues. Let us hope that by the first week in June she will be sufficiently rested to take part in the Nursing Conference in Dublin. We are hoping to entice several friends from overseas to the Emerald Isle for an occasion which is already arousing so much interest and pleasurable anticipation.

We have received the Report for 1912 of Lady Minto's Indian Nursing Association, which, in its dainty white and gold cover, presents a most attractive appearance. It contains an interesting account of the origin of the present Association, the prime movers being the Hon. Lady Lyttelton, Lady Helen Munro-Ferguson, and Mrs. Cuthell, and states that Mrs. Sheppard, "by her indefatigable efforts and generous assistance, is truly entitled to be regarded as the pioneer of a trained nursing system throughout India." In 1905 Lady Minto's co-operation was secured by the Home Committee, and the enlarged Association received the name it now bears.

THE DUBLIN CONFERENCE.

We are pleased to know that much interest has already been aroused in the Irish Nursing world concerning the Conference to be held in Dublin in June. The Committee are considering an extremely interesting programme, and already several Papers have been promised by experts well able to handle their subjects. It is probable a Dinner will be arranged, as such an occasion provides an opportunity for the exchange of graceful amenities between the hostess Association and its guests. Fortune smiles upon us in that Miss Huxley will this year be President of the Irish Nurses' Association, and the high estimation entertained for her throughout the profession will make her an ideal President of the Conference.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

The Queen and Princess Mary paid a visit last Saturday to the Victoria Hospital for Children, Chelsea, and made a tour of the wards, accompanied by the resident medical officer the Secretary, Mr. H. G. Evered, and the Matron, Miss Jane Watson. The hospital contains upwards of 100 beds. Queen Mary expressed her appreciation of the arrangements of the hospital.

Princess Christian has promised to lay the foundation stone of the new out-patient department and extension of the Royal Free Hospital next May, and the extension will be known as the "Helena" Wing. £7,000 is still required before the fulfilment of a contingent gift of £5,000 can be claimed, the condition being that the sum of £15,000 shall be raised in donations or gifts between December and next March.

The committee of the national fund to commemorate the silver jubilee of the German Emperor has decided that the proceeds shall be devoted to Christian missions, both Protestant and Catholic, in the German colonies.

The authorities at the Homœopathic Hospital, Birmingham, have been greatly gratified by the offer of a chimney sweep, who, being unable to give a monetary thankoffering for assistance he had received, asked to be allowed to clean the chimneys at the hospital during the next six months free of charge.

The offer has been gratefully accepted, and as there are twenty chimneys in use every day at the institution, it is no small task that this grateful patient has set himself. He has also set a fine example to others.

Those interested in Poor Law Reform will be interested in a little book lately published by Mr. G. W. Hills and Mr. Maurice Woods, and which is the result of the labours of the Unionist Social Reform Committee. It may be said that the scheme of the Unionists, which it is proposed should be fitted into the existing Local Government machinery, is a *via media* between the majority and minority reports of that Commission.

At a recent meeting of the Committee of the Tyrone County Hospital, Omagh, Dr. Thompson reported the death of Nurse Gordon, who developed enteric fever whilst attending patients in the Fever Hospital, Omagh. Colonel Battersby proposed: "That this Board has heard with extreme regret of the death of Nurse Gordon, who lost her life in the faithful discharge of her duty, and we hereby tender to her bereaved relatives our sincerest sympathy in their sad loss." The Rev. H. W. Morrow seconded the motion, which was passed in silence.

LEGAL MATTERS.

Mildred Trafford Nott, who was charged at Clerkenwell County Court, as we reported last week, with obtaining charitable contributions by false pretences, and who represented that she belonged to the Royal Maternity Charity, and appeared in the dock in nursing uniform, was convicted and sent by Mr. Bros to prison for three months in the second division. There were various previous convictions against her.

On enquiry from the Secretary of the Royal Maternity Charity, we learn that this woman has no connection with the Charity. She received the instruction qualifying her to present herself for the examination of the Central Midwives Board as its pupil, but never entered for this examination, and has no certificate of competence from the Charity, but merely one stating that she had had the above experience. So far as Major Killick is aware, she has received no other training. Yet, we ask nurses to note, that throughout her trial she appeared in the dock in nursing uniform, and paragraphs reporting it appeared in the papers with the heading "Nurse sent to prison." The moral is plain. The title of midwife is protected by law, and its use by unauthorised persons punishable under the Midwives Act. The title of trained nurse has no such protection, and may be assumed with impunity by any adventuress.

A PROSPEROUS COMPANY.

The Earl of Errol, K.T., C.B., Chairman, presiding at the annual general meeting of Bovril, Ltd., last week said, in moving the adoption of the Report, that never in the history of the company had Bovril sold so well as in the year just closed, the sales being far ahead of all previous records. The sales for January also were in excess of all records for that month, which proved that the food value and body building powers of Bovril were being increasingly recognised. The cost of manufacture had considerably increased. The enormous increase in the demand for cattle all over the world must intimately affect the Company, and bottles, boxes, and packing material had also increased in cost. Bovril, Ltd., is therefore much to be congratulated on its continued prosperity.

FOREWARNED IS FOREARMED.

Princess Henry of Battenberg attended a meeting of the Colonial Nursing Association and the British Women's Emigration Association at the Imperial Institute on the 13th inst., to consider some aspects of Colonial Nursing. Mrs. Charles Hobhouse is reported to have said that the demand for nurses in the Colonies was very great, owing to the increasing population, and the type of nurse who was being sent out was changing. There was a greater demand for the emigration nurse—the woman who was willing to make her

home in the Colonies. The tendency was in the direction of specialisation. The Colonies were asking for special teachers, special domestic servants, and special nurses. They were, therefore, considering whether there should not be some sort of fusion of Associations concerned with nursing in the Colonies, and they were in favour of amalgamation. But there were difficulties in the way. She thought they had a real desire to provide the Colonies with fully trained nurses, and she was sure that there were many present who would be anxious to see that their annual reports did not show such adverse results as they showed at present.

Miss Amy Hughes, in an account of nursing work in Australia, said that before going out to that country it was necessary for all nurses to ascertain the standard and the qualifications of work. The training of nurses in England was in a chaotic condition, and it was of vital importance that the women who went to Australia should have a standard training.

We are glad to note that Miss Amy Hughes laid stress on the high nursing standards required in the Colonies. In many the nurses have a three years' term of training, and a system of registration, either legal or voluntary, and it would be an inexcusable injustice for any Association at home to attempt to undermine such standards by emigrating to such Colonies semi-trained so-called specialists. We hope the Trained Nurses Organisations in our self-governing Dominions will make this quite plain to Emigration Societies in England, and that they will not for a moment tolerate any system or standard which undermines that which they have so successfully established for the benefit of the public. This is not only an educational, but it is an economic question, and a stitch in time saves nine.

Next week we shall refer to the illuminating articles contributed to *Una*, the official organ of the Royal Victorian Trained Nurses' Association, by Miss Gretta Lyons, of Victoria—who enquired into nursing conditions in England last year—in which she speaks very plainly of the disastrous results to nursing here, owing to the unrestricted competition between trained and semi-trained nurses.

Our advice to the nurses in our self-governing Dominions is to stand in firm opposition to any depreciation of their standards, so hardly won, by the competition of uneducated, semi-trained, so-called specialists emigrated from England, upon the recommendation of committees of unprofessional people who know nothing of nursing education, and to whose depreciation of our work much of the present disorganisation is due.

ROYAL PATRONAGE FOR SANITAS.

The "Sanitas" Company, Ltd., of Limehouse, London, E., have by Royal Warrant been appointed disinfectant manufacturers to His Majesty King George V.

OUR FOREIGN LETTER.

MONISTIR HOSPITAL.

BY FELIX J. KOCH.

Over in the Balkans—now that the war is about ended—the hospitals and the nurses are having their hands full, and interesting places, indeed, are some of those to which the injured and the sick, after their lengthy exposures, are being taken as fast as the native means of conveyance permit. If the great hospitals of London possessed a document giving them the right to impel every Christian physician in the metropolis for his services when required—heedless of whatsoever urgent call for a doctor there might be outside—we should have a situation analogous to that under which is operated the modern Greek hospital at Monistir, in Macedonia—beg pardon, it's in Servia now, since the war—possibly the most modern hospital in the entire Turkish Empire, excepting only those of Constantinople.

Obviously Macedonian conditions call for hospitals. Even before the recent war, when the lordly Turk felt so inclined he possessed absolute and complete power, both legally and *de facto*, to mis-treat the Christian subjects of the Padi-Shah, and when these, in return, take revenge, there is a massacre, the burning of villages, misery, wounds, and diseases due to exposure, galore. It is for such times, primarily, that the Christian peoples need their hospitals.

To understand these conditions, however, it must be recalled that in Turkey all non-Mohammedans are extra-territorial. That is to say, to continue our analogy, it is as it would be if all the Greek-Christians of Warwickshire and Devonshire, &c., were not directly subject to the sheriffs of the county, but to the head of the Greek

Christian or the Bulgar Christian church of the entire country, who would have his seat at the national capital, and there provide each as best he could for his flock. The result is that the Turkish governments play off the various Christian "congregations," as they are termed, against one another—now favouring this one or that one, and always the weakest, in order to incur jealousy and keep the Christians wrangling among themselves, so that they do not bother the Moslem.

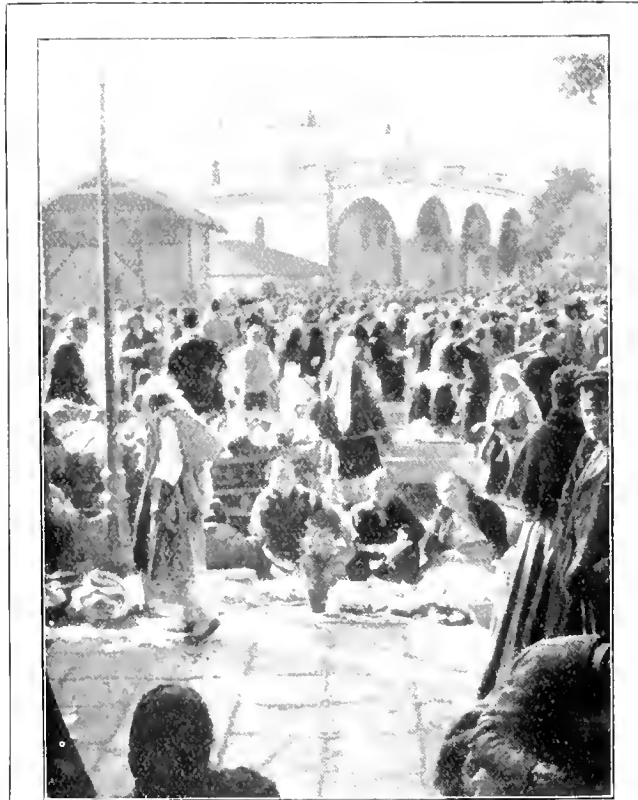
The result of this subtle diplomacy is the hospital at Monistir.

When, for some reason or other, it was deemed wise to propitiate the Greeks of that province—capital, whose greatest call on the world's attention came a few years ago, when the Russian Consul was shot by a sentry—the imperial *firman* was issued and the hospital arose. Not that the Turks gave the money—that would be going too far—but they, in their goodness, allowed it to exist. The funds then came, very largely, from a young Greek Christian of the vicinity, who had accumulated vast fortunes in Egypt, and from the other co-religionists of the province.

On our visit to this hospital we passed from a street of over-

hanging harems into a pretty garden, crossing a path edged with magnificent chrysanthemums, dahlias, petunias and geranium, to the main building itself, a massive structure of stone, with a small cupola summer-house at one side.

The central doorway gave entrance upon a sort of lobby, from which doors led off, and in the corner of which a man, with a huge bandage about his eye (the result of a street foray) was the first object to excite attention. Above him a marble tablet, engraved with Greek characters, recorded the names of the donors to the hospital fund, and beyond, a door opened into the apothecary's shop, from which not only the patients here, but the sick of the city are given their drugs



A CHANCE FOR GERMS ON FOOD:
OPEN MARKET PLACE.

gratis. Even the Turks, in the last few years, are coming to appreciate the value of Christian pharmacists and make use of their drugs.

Passing through a reception-room, in which some chairs, covered over with white cloths, and one of the tall, white porcelain Roumanian stoves are the principal objects of attention, the main ward is shown. Black iron bedsteads, in two rows, line the walls, each with the sheet sewed to the inside of the blanket, as is the South European custom. What the purpose of this may be in a hospital—where these upper sheets must needs be changed constantly—it is difficult to discover. Precedent, however, is omnipotent in the Orient, and since sheets have been sewn on thus ever since the divan was abolished by the infidel, not even the hospitals care to depart from the rule. Beside each bed is a night-table, as there is likewise in every hotel bed-chamber in the cities of south-eastern Europe, with decanter, glass, cup and spoon—and, most surprising to one who has made a tour of benighted internal Turkey, a carton, recording the progress of the disease—as modern as many in use in the States themselves.

From this ward of twelve beds, given over to the men and children, another smaller ward, of three beds, to be used by patients immediately after an operation, is shown; a door leading on into the operating room itself, with the operating sofa, sink and case of instruments. The floor is of stone, and windows admit abundant light. In fact, one is loth to believe his senses on entering here, so great is the contrast with the primitive Oriental life one sees outside. One doctor calls here daily, but in case of need, as has been said, the hospital possesses the right to inpanel all Greek physicians in Monistir-province.

Following the encircling hall around the building the visitor is shown the wash-rooms, for everyone is forced to bathe on entering, and then the bed-

room for the women—fitted as is that of the other sex. Pale and listless women are numerous here, lying about drearily, in loose gowns of black, with a white flower-pattern, and a blanket wrapped about. Despite the pain that is evident, and the distress, it is a fact beyond dispute, that many of the folk are better off here, protected by imperial writ, than when in full health at home and at the mercy of the Turk.

Not that the Turk is cruel as a rule. As a matter of fact, I would rather be alone in a company of Turks than in a company of almost any other of the south-European nationalities, but here and there there is a miscreant, and, when perpetrated on the defenceless infidel, his misdeeds go unpunished. Even the wary physician is forced to confess that, beyond eye-troubles, the principal complaints of either sex among the inmates are wounds.

Combined with the hospital is the infirmary and adjoining apartment, where a row of old women are lying on their beds or squatting on the floor, Turkish fashion, chattering for dear life, and resembling any other coterie of old women—save that they are shoeless, one and all. At one end of the room a coarse table, with plate and ruder napkin

for each is placed, the whole company reminding us of the typical 'poor-house of Dickens' day. Throughout, the hospital excites wonder at its equipment, cleanliness and apparent reign of content. There is, however, one suggestion that might be made, and that is that while the reception-room windows look out upon the garden, with the town of terracotta roofs beyond and the distant mountains of brigand-land hidden or uncovered by the mists, the rooms of the sick give view directly on the small cemetery, with its surrounding wall and the tombs, each with a cross at one end—a view not particularly inspiring to the very sick.

But that is just one of the many little points Turkish hospitals are still to realize.



WATER SELLERS (NEVER RINSE THEIR GLASSES.)

OUTSIDE THE GATES.

WOMEN.

It is interesting to observe how often those who are destined to do a great work in the world are endowed by Nature with much physical charm, as if, knowing the almost insuperable obstacles with which they will have to contend, she desires to minimise these difficulties. So it was with Mrs. Elizabeth Fry, the gracious and intrepid humanitarian, through whose instrumentality reforms were introduced into the prisons, which only a century ago were dens of vice and depravity.

In her zeal for reform and for the betterment of a class, Mrs. Fry never overlooked the individual, and her great heart sympathised with the most repulsive and abandoned of her sex, so that her presence amongst them in the cells of Newgate brought healing and hope where before all was hopeless, as she sought for and cultivated the germ of goodness which lies deep at the root of so many characters which, on the surface, appear unlovely and unloveable.

It is one hundred years ago this month since Mrs. Fry first began her ministrations to the unfortunate members of her own sex in Newgate, and, although the conditions in our prisons to-day bear no resemblance to those which prevailed, to our shame, in those days, yet much remains to be done. Especially is it necessary that in every prison trained nurses should be appointed, and it is most desirable that prison Matrons should be recruited from their ranks, for it must always be remembered that many of those who are at present incarcerated in our prisons are drawn from the ranks of the feeble-minded, the mental degenerates, the potentially insane, who, under a better and more humane system of classification than that now adopted would receive remedial instead of punitive treatment. No class are better able to urge or to carry out humane methods of treatment in a disciplined manner in regard to prisoners than trained nurses, and it is work which needs their attention and assistance. Some years ago we proposed the formation of an Elizabeth Fry League, with the object of securing trained nursing in our prisons, but no nurse so far has come forward

to organise this bit of work. We still hope that the seed will fall into good ground and bring forth fruit.

The Editor will be glad to hear from any member of the National Council of Trained Nurses who would like to accompany her to the Friends Burial Ground at Barking, on Thursday afternoon, February 27th, when, as President of the National Council, she will place a wreath of laurels on the grave of Mrs. Elizabeth Fry, who one hundred years ago this month paid the first of those visits to Newgate which had such far reaching results in the reform of prison management.

The arrogant politician—usually a poor thing who arrogates to himself the powers of the Deity where the bodies and souls of women are concerned—would impiously deny to women the powers of thought and feeling. Do not dare, he says in effect, to raise your eyes to the horizon or let your vagrant heart go bounding out over seas and snows. How one would smile if one did not so bitterly resent the ignorance and meanness of it all.

We ask you what woman's heart has not leapt in her bosom, and flamed with the pride and the glory of it all, as in imagination she has followed step by step the deathless struggle of those heroes in the Antarctic, who in their manner of life and death have shed such fame immortal upon the human race? Born of woman—born of woman our hearts have kept

throbbing out—and have we not therefore the right to stand in the effulgence of their imperishable glory and feel the thrill of it? That is what we women have done, and who can say us nay?

The National American Woman Suffrage Association intends, by a magnificent pageant, to outrival the Presidential procession at Washington on March 3rd. A herald will proclaim the message of this new crusade. The first division of the pageant will show that the demand of women is world-wide. Countries having equal suffrage will be represented by decorated cars. The second division will illustrate the growth of the suffrage movement, while the third will show, by a series of tableaux, the co-operation of men and women in all human activities.



MRS. ELIZABETH FRY.

NURSES' CHORAL AND SOCIAL LEAGUE.

The choir of 200 voices fully occupied the platform of Kensington Town Hall, which was tastefully decorated for the occasion with plants and ferns, and festoons of bunting, on the evening of February 18th. A large gathering of hospital nurses in neat indoor uniform is ever an attractive sight. A glance at the programme before the concert began showed the very liberal diet of music which had been prepared for the expectant audience. Nor were we to be disappointed.

The concert opened with a delightful cantata, "The Legend of Oriella," in which all took part. Humorous part songs and solos followed. Nurse Nora Milner gained generous applause for her two fresh little songs, "To My First Love," and "The Little Irish Girl," also Nurse Lily Smith for her "Dear Heart."

The Toy Symphony by the nurses from West Ham Infirmary was very well done, and the cuckoo's plaintive cry caused a good deal of amusement. Two unaccompanied part songs, and a duet by Nurses Pomfret and Jones were among the gems, but it is difficult to single out any where all were so good. A variation in the entertainment was made by Mr. Selwyn Driver's "Humorous Pianoration," which caused peals of laughter. Mr. Charles Capper's wonderful whistling solos were not less appreciated, but in a different way. Miss Helen Hulme—so well known in musical circles—both conducted, and sang one of her delightful songs.

We can but say long live the Nurses' Choral and Social League, for it is well that music should come into lives of nurses who see so much of life in a minor key. The trainer of the Choir is to be greatly congratulated upon the efficiency of the pupils.

COMING EVENTS.

February 22nd.—The Central Committee for the State Registration of Nurses: Meeting of Executive Committee, 431, Oxford Street, London, W. 11 a.m.

February 24th.—First lecture of a Course at the Sanitary Institute, 60, Buckingham Palace Road, S.W., for School Teachers, Women Health Visitors and School Nurses. By Dr. G. Eric C. Pritchard, M.A. 7 p.m.

February 26th.—Nurses' Missionary League. Lecture by Dr. H. Gordon Mackenzie, 33, Bedford Square, W.C. 3 p.m. Nurses invited.

February 26th.—Trained Women Nurses' Friendly Society: Meeting of Committee of Management, 431, Oxford Street, London, W. 5 p.m.

February 26th.—Lyceum Club: Debate, State Registration of Trained Nurses. Speaker, Mrs. Bedford Fenwick. Discussion, 8 p.m.

February 27th.—The National Council of Nurses of Great Britain and Ireland. Visit to the grave of Mrs. Elizabeth Fry at Barking, to place a wreath thereon.

March 1st.—Eugenics' Education Conference, University of London.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

OUR PRIZE COMPETITION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—Thank you very much for cheque for 5s. received yesterday morning. I was greatly surprised at being the prize-winner: it is the first competition of any kind I have entered. I shall buy a useful book on nursing and keep it in remembrance.

Yours truly,

E. VALLER.

4, Devonshire Square, E.C.

We should advise the money should acquire "Materia Medica" by Miss E. L. Dock, or her great work "Hygiene and Morality," published by G. P. Putnam's Sons, 24, Bedford Street, W.C. —[Ed.]

NURSES' ORGANIZATIONS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I cannot help feeling that the formation of yet another society for nurses cannot but be prejudicial to those that already exist, and especially to the Nurses' Social Union, which already practically covers all the ground suggested by Mr. Pollitt. It is a society managed "by nurses for nurses," free legal advice, and a distinctive badge are provided, lectures and debates are arranged for, and everything possible is done to enable nurses as a united body to "bring questions concerning them before the appropriate authorities." The aim of the Nurses' Social Union, as stated in their leaflet, is the "Promotion by co-operation of the effectiveness of the profession, and, through it, the good of the community." It is already a national society in all but name; it knows no distinction of creed nor caste; it is not for any special class of nurse—district nurses, hospital nurses, private nurses, Poor-Law nurses, all find their place in this society's wide comprehensiveness, and all can learn much from each other. The society welcomes all nurses, but distinguishes the fully-trained nurse from the partially-trained, and provides a different badge for the latter. It is hoped that the time will soon be in sight when there will be at least a branch in every county: already there are flourishing branches in such widely-separated districts as Dorset and Sussex, Yorkshire and Cornwall.

With many other N.S.U. members, I feel that it would be much wiser to strengthen the already existing Nurses' Social Union with many new members, and thus make it a truly national nurses' society, than to split up activities by

starting another society with much the same objects.

Yours truly,
AN N.S.U. SECRETARY.

Cobham.

[Our correspondent claims too much for the N.S.U. It does not and cannot under its present constitution, provide for many of the items suggested in Mr. Pollitt's impracticable scheme. Just so long as the N.S.U. admits semi-trained women as associates, it cuts at the root of just professional organisation for thoroughly trained nurses. No National Association of Nurses can succeed unless membership is based on the one portal standard, and unless it is absolutely free from lay control. As a social factor the N.S.U. is doing useful work, and it is a pity an attempt should be made to change its character. We have referred to this question in our Editorial.—ED.]

DEAR MADAM.—I cannot conceive how Mr. Pollitt thinks that it is possible that in the proposed new nurses' society, "in every hospital, in every nurses' home, and in every institution, two nurses at a time, and taking the work in turns, will collect the penny weekly—not twopence a fortnight, or fivepence a month, because there would be a weakness in that—but weekly." Does he not know that in every hospital nurses are liable to be sent on night duty suddenly, or be moved to an infectious ward, or even to become ill, or have holidays? In this way many pennies would probably be lost.

In a private nurses' home such an arrangement would be impossible, as they are always more out than in; and it would also exclude all nurses working on their own account, as they would spend a penny each week in sending a penny! In most hospitals the staff are paid quarterly: why should it be a "weakness" to send the proposed subscription quarterly, or even yearly?

It must be remembered that comparison with workmen's penny hospital funds is hardly fair, as this amount is deducted from their wages, which are paid weekly, and with no trouble to the workmen.

Yours faithfully,
Cambridge. AMETHYST.

TRAINING IN CANADA.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—Do you remember advising English girls who wished to take up nursing in Canada, to go to the Training School of the Winnipeg General Hospital? Perhaps you would be interested in one who acted on your advice.

I have now spent nine months here, as pupil nurse; and find the life all that could be desired. Every effort is made by the Lady Superintendent for the nurse's welfare.

I am sending you a photograph of the nurses' home; when the new hospital is finished I will send you a post-card of it. Our life here is less conventional, and there is less restraint than in English institutions—which does not mean we are in a state of anarchy.

The training is much more varied than at home, including as it does maternity, fever and district work.

I may say that I am keenly interested in nursing affairs at home; I eagerly look forward to the weekly mail that brings THE BRITISH JOURNAL OF NURSING. I specially appreciated the excellent accounts of the Cologne Conference.

I read the *Canadian Nurse*, too, with which our Lady Superintendent is associated on the editorial board.

Manitoba should soon be granting registration to its nurses, since the neighbouring province of Ontario has seen fit to do so.

With best wishes for the continued success of your paper,

Yours faithfully,
Nurses' Home, FLORENCE M. BLOY.
General Hospital,
Winnipeg.

FROM THE HEART OF CANADA.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—I am enclosing the sum of 9s., which I believe is the subscription, and will take the present opportunity of thanking you for all that you are doing for nurses as a body, and for all the help and encouragement which you give them. I am afraid you must get very weary at times. I think nurses have so strenuous a time on duty that they are apt to consider all outside their work as unimportant (comparatively), and that also they are not yet fully alive to the fact that they have become a very important body of women workers. I am quite sure, however, that future generations of nurses will call you blessed, when they are enjoying the fruits of your labours, and men have ceased using them as means to further their own ends, make their own fortunes, and blow their own trumpets. I am looking forward to San Francisco in 1915, and hoping that I may be able to be there.

With grateful thanks,
I am, yours sincerely,
LOUISE WOODNUTT.
Norwood, Manitoba, Canada.

[These are the sort of letters that make it worth while.—ED.]



OUR PRIZE COMPETITIONS.

March 1st.—What care should a nurse give to engorged breasts.

March 8th.—How would you deal with a case of suspended animation after submersion in water?

March 15th.—What is the distinction between abortion, miscarriage, and premature labour?

March 22nd.—Describe the best method of flushing the bowel.

March 29th.—Give the general rule for the disinfection of each of the following in the case of infectious diseases: (a) Discharges and excreta; (b) Linen; (c) Utensils; (d) The Nurse's hands.

The Midwife.

A CASE OF TRIPLETS.

I think the following case of triplets will interest readers of THE BRITISH JOURNAL OF NURSING:—

Mrs. Louisa Fernandez was admitted to the Midwifery Block of the Cama and Allbless Hospital, on January 1st, 1913, aged thirty-eight years. She had had eight previous confinements, all apparently normal; four children were still living. She had told her relatives during the latter part of the pregnancy that she had never felt in any previous pregnancies as she had throughout this one; she was sure "something was wrong"; and when she left home, to come to hospital, there was a solemn leave-taking.

Arrived in hospital the patient looked far more like an enormous cyst-case than a pregnancy! She was allowed to stay, although labour had not begun, on account of her abnormal size.

The following is the history:—

Pains began on January 6th, evening.

Membranes ruptured January 7th, 9.15 a.m.

First Child.—Delivered January 7th, 9.35 a.m.; weight, 6 lb.; length, 17 ins.; cord, 24 ins.; female. Placenta normally delivered; weight, 1 lb. 2 oz.

Second Child.—Delivered 2.30 p.m.; weight, 5 lb.; length, 17 ins.; cord, 12 ins.; female.

Third Child.—Delivered 2.35 p.m.; weight, 5 lb.; length, 17 ins.; cord, 22 ins.; female.

Placenta of the two last children was adherent, removed by hand; weight, 1 lb. 10 oz. Patient collapsed utterly after birth of third child. Temp. 98.4, P. 150, R. 44; before delivery, *i.e.*, 7 a.m., temp. 97, P. 84, R. 24.

Normal saline was given subcutaneously, one pint, Adrenalin hypodermically four-hourly, tight binders put on, and treatment for shock from

withdrawal of large amount of fluid, was given throughout the case, but the heart was acting very imperfectly, and the greatly distended vessels were unable to contract down; the patient died at 11 p.m.

It will be noted that the children were of a weight well above the average for Indian babies; $4\frac{1}{2}$ lb., I should say, is certainly not too low a weight for

the average, if anything it is a high computation; we very, very rarely have one of 7 lb. The uterus of this poor woman contained 18 lb., without the liquor amni.

The accompanying photograph was taken in the beautiful grounds of the Cama Hospital by the Lady Superintendent (myself), the Charge Nurse of the Midwifery Wards, Nurse Bedford having the three little sisters on her lap. The one in the right-hand corner of the picture (lying against the nurse's heart) is the eldest. Unfortunately, she very soon began to have greenish stools; and with all the care in the preparation of their bottles, and using Albulactin, she succumbed on the 18th. The other two have gone to the Nasik Babies' Home and Orphanage, where each child has its wet-nurse and foster-mother; and if they *can* pull up, they have every chance now of getting on. But, with these native babies,

you might almost as well give them feeds of curry and rice, as try to rear them without a mother. It is *not* only the milk, though, of course, that counts for a very great deal, but it is also the proximity to the mother, the knowledge that the mother is near to warm, to soothe, to touch, instead of the child lying alone and forlorn all the time in a cot.

S. G. TINDALL,

Lady Superintendent.

(President, Trained Nurses Association of India.)



TRIPLETS BORN IN THE CAMA AND ALLBLESS HOSPITAL, BOMBAY, WITH NURSE BEDFORD, CHARGE NURSE.

(Photograph by the Matron, Miss Grace Tindall.)

THE ROYAL MATERNITY CHARITY OF LONDON.

The Annual Meeting of the Royal Maternity Charity was held at the House of the Charity, 31, Finsbury Square, E.C., on Wednesday, February 12th, Mr. Thomas Whittington presiding. The minutes having been taken as read, the Reports for 1912 were presented by the Secretary, Major Killick.

THE STATISTICAL REPORT of the Secretary was as follows:—

Cases attended	2156	Stillbirths	..	68
Infants born	2193	Medical cases	..	233
Males	..	Deaths: Mothers		3
Females	..	" Infants		43
Triplets: cases	1	Ages of Mothers	17	47
Twin cases	..	" " "	..	35

THE REPORT OF THE MEDICAL COMMITTEE stated that they are satisfied that the patients of the Charity and their new born infants have received every care and attention, and that in this connection the high standard to which the Charity has always aspired has been fully maintained.

The causes of the three maternal deaths were (1) ante partum and post partum hæmorrhage; (2) placenta prævia; (3) double pneumonia. The Committee further expressed the opinion that the work of the medical and nursing staff deserves the highest credit for the satisfactory results shown in the Report.

THE REPORT OF THE TRAINING SCHOOL also presented by the Secretary, showed that nine pupils joined in 1912 and completed their training, and that four passed the examination of the Central Midwives Board and four the examination in midwifery of the Charity; five pupils completed their training in maternity nursing, and three passed the Charity's examination in 1912.

The report attributes the marked falling off in the number of pupils in the last three years to the inauguration of training schools for midwives in connection with general hospitals, and to the increasing list of practising midwives licensed to train pupils by the Central Midwives Board. It states further that the number of those who have passed the C.M.B. is only approximate, as pupils often do not present themselves for examination for months after their training is completed, and they are most remiss in reporting the result of the examination.

THE ANNUAL REPORT OF THE GENERAL COMMITTEE to the Governors contained the following clause: "At the present time the majority of the poor women whom the Charity is wont to help are under the impression that they will receive the 30s. maternity benefit under the Act, but this is not the case. Either the husband's or the wife's insurance card must have the full number of 26 stamps on it before the benefit can be obtained, and as the Charity's patients are mostly drawn from the class known as casual labour, and such as live in a chronic state of unemployment,

the erroneous impression has slightly diminished the demand for letters."

THE FINANCIAL ACCOUNT showed an adverse balance of £4,617 18s. 5d. owing to the Bankers, and the Secretary drew attention to the fact that while each patient costs the Charity 18s. 2d., every subscriber of a guinea is entitled to four letters, so it was small wonder they were in debt.

Captain R. Inigo Tasker, Chairman of the General Committee—who did not preside as he had to leave early—said that subscribers were apt to imagine that everyone was relieved by the Insurance Act, but that was not the case. The work of the Charity was conducted in an atmosphere of poverty, destitution, and hopelessness. In this greatest city of the greatest empire of the world 2,000 women about to give birth to children were in want of food and almost of raiment and shelter. These were the people the Charity existed to help and in spite of their debt of over £4,000, common humanity impelled them to continue their help. The reason why the Charity should appeal to all was that it sent out its nurses, and, if necessary, its doctors, to take a ray of hope and sunshine into the hovels of these patients.

The adoption of the Report was seconded by Mrs. Probyn (Deputy Chairman), who said that many friends to whom she appealed had withdrawn their guineas, as a protest against the Insurance Act. She thought it a mean advantage of those who were comfortably off to shelter behind the Insurance Act.

The Chairman, referring to Captain Tasker's remarks, said that the Charity did not limit its operations to the poorest; many of their patients were of the respectable artizan class. It was important that subscribers should not receive an erroneous impression, through reports in the press, as some objected to assisting destitute cases, considering that relief should be obtained elsewhere.

The adoption of the Report was carried unanimously.

Where experts differ, who shall decide? But we may point out that the Report, put from the chair and unanimously adopted, bears out Captain Tasker's statement, as reference to the quotation we have given from it above will prove.

THE GENERAL COMMITTEE.

Eighteen members of the General Committee were then re-elected, and the names of Miss Whittington and Colonel H. H. Tasker suggested for the other two places. To create vacancies for them the Secretary stated that Mr. Jack Marshall and Dr. St. Aubyn Farrer were willing to retire. This was agreed.

RESOLUTION.

Mrs. Lee, who is both a Governor and a midwife of the Charity, then moved—

"That the Royal Maternity Charity 'letters' may be used for assured persons who are the wives of casual labourers, or are themselves casually employed, and in needy circumstances, either as

free cases, or for the 'letter' to be used as part payment."

Mrs. Lee told a most heartrending story of a case booked with her, in which the husband, a casual labourer (a painter), had been out of work twelve weeks. If she had not lent him money to buy the stamps for his insurance card he would have lost the right to the maternity benefit for his wife. They had no food, and had sold their bedstead to buy it. When she went to the case, they had had no food that day, or the day before. However, they were able to borrow money on the strength of the Maternity Benefit and being people most desirous of keeping out of debt, they paid their rent, their debts, and her, when they only had a few shillings left. The man became ill from privation, and being thus entitled to insurance benefit himself, was able to obtain nourishment, and was much better for having food, and for the doctor's advice. "If I hadn't helped them," concluded Mrs. Lee, "that woman would have lain there and starved."

Miss Paget seconded the Resolution, and mentioned that people who were insured were unable to obtain poor law relief. She would view with distress any curtailment of the work of the Charity. She warmly commended the way in which its statistics were kept. Nowhere else were such accurate statistics obtainable.

The Chairman, who said he was in a somewhat judicial position, invited expressions of opinion for and against the resolution especially against.

Mrs. Owens, a Governor and midwife of the Charity, warmly supported Mrs. Lee. She could (she said) endorse every word of what Mrs. Lee had said, from her own experience.

The Rector of a City parish said that he knew the poverty in his own parish only too well, but he did not think Mrs. Lee's proposal could be carried out in connection with the Royal Maternity Charity.

The Chairman then expressed very strongly his objections to the proposal, and said that he did not think it possible, after what he had said, that he should have to refuse to put the resolution to the meeting as he believed no one would wish him to do so.

Mrs. Lee said she must insist on this being done.

The Chairman said that in spite of Mrs. Lee's somewhat strong remark the resolution must first be discussed by a general meeting. He did not object to have it mentioned and discussed, but the annual meeting was not the proper body to consider it, it must also be discussed by the committee.

Miss Paget then rose and asked to be allowed to say a few words, but the chairman declined to permit her to do so. Everyone wanted to get away, he said; he did himself.

On sitting down Miss Paget remarked that she only wished to endorse the Chairman's suggestion. The Chairman then permitted her to speak, curtly desiring her to be as brief as possible and to keep closely to the point.

Miss Paget then expressed her willingness for the consideration of the resolution to be deferred till that day week, and Mrs. Lee having consented, this was agreed.

Notice has since been received that the Annual General Meeting will reassemble as a Special General Meeting to consider Mrs. Lee's motion. The meeting will therefore be held as we go to press.

REPORT OF THE MIDWIVES ACT COMMITTEE OF THE LONDON COUNTY COUNCIL.

The Midwives Act Committee have reported to the London County Council that Section 8 (5) of the Midwives Act, 1902, requires the Council, as the local supervising authority for the administrative county of London, to supply to the Central Midwives Board, during the month of January in each year, the names and addresses of all certified midwives who, during the preceding year, notified their intention to practise within the county. 528 certified midwives gave such notice during the year 1912, and a list of their names and addresses has been forwarded to the Board. In addition, nine notices were received during the year from persons who had acted as midwives on specific occasions and eighteen notices from certified midwives who intended to practise within the county during periods shorter than a year.

The Committee have passed cordial votes of thanks to the chairman, the Hon. Gilbert Johnstone, and to the vice-chairman, Miss Alice S. Gregory, for their services during the past year.

MATERNITY BENEFIT AND DISPENSARY TICKETS.

A Deputation from the Conjoint Committee of the Irish Medical Association and the British Medical Association, recently waited on the Local Government Board to discuss the position of dispensary medical officers in regard to the treatment of patients receiving Maternity Benefit, and other points. One question on which the deputation sought advice was whether the guardians were justified in giving a red ticket for attendance (for the purpose of confinement only) to persons receiving the Maternity Benefit under the National Insurance Act—that is, a sum of money for the special purpose of paying doctor and nurse in a case of confinement. Sir Henry Robinson replied that the question must be decided according to the special circumstances of each individual case. He also said that in view of many applications for advice from Boards of Guardians throughout the country the Local Government Board had prepared a circular which had been held over pending the interview. He then read the circular and asked the opinion of the deputation, the majority of whom considered that it met the case fairly and reasonably.

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EDITORIAL.

A BRANCH OF NURSING EDUCATION.

A most important part of the duty of the Matron of a hospital is the supervision of the commissariat. In a small hospital she usually attends to the details; in a large one she exercises a general supervision, being responsible both for the nutritive and palatable quality, and the variety of the food supplied to the patients and the resident staff—medical, nursing, and domestic—and the efficiency, combined with economy, of the department.

It must be confessed that most Matrons and Home Sisters are but ill-equipped for this branch of their work, and, although more attention has been paid to it of recent years, much remains to be done. This journal, for the last twenty years, has consistently drawn attention to the importance of the subject of dietetics as a necessary part of the training of a nurse.

It is therefore with some satisfaction that we note that the National Food Reform Association are taking up this important question, and that its Matrons and Schools Committees have formed a joint committee with instructions to bring the matter before the university, and other colleges and training schools, as well as the public generally, and the committee are confident that these institutions will not be backward in offering facilities to those desirous of entering this field of work for women.

The hope of the Association is that it will increasingly come to be regarded as a link between duly qualified women and those seeking their services. The movement once again reminds us of the deficiencies in the curricula of training for nurses, even in some of our largest hospitals.

Only last week we interviewed a number of nurses from large hospital training schools,

and not one of them at the end of three years' training had had a lecture on dietetics, bacteriology, hygiene, or materia medica, and it is not long ago, since the secretary of one of our largest London hospitals, giving evidence at an inquest on a patient to whom a fatal dose of a drug was administered through the ignorance of a nurse, practically denied the necessity for giving precise teaching to nurses on the properties and doses of the drugs they are required to administer.

In the United States of America and Canada far more attention is paid to dietetics than in this country, Teachers College, Columbia University, leading the way in its School of Household Arts, of which the Department of Nursing and Health under the direction of Professor M. A. Nutting forms a part.

This School has a building erected at a cost of half a million dollars, equipped with laboratories, for food chemistry, and sanitary chemistry.

The elective courses recommended to the students in the Department of Nursing and Health include those on Food Production and Manufacture, Household Chemistry, Elementary Food Economics, Dietary Administration, Dietetics, Food Preparation, Cooking for Invalids, and Marketing, and we also find included in the Preparatory Course for Admission to Training Schools for Nurses that the following courses are required—Chemistry, Elementary Food Economics, Food Preparation, and Cookery for Invalids.

It is time, therefore, that if the training schools in this country are to keep pace with those on the other side of the Atlantic, to say nothing of the knowledge of household and domestic arts possessed by our German and French colleagues, that they seriously attacked the subject of Dietetics.

CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. KNYVETT GORDON, M.B. Cantab.

NEURASTHENIA.

I now propose to deal very briefly with a few common affections of the nervous system. Before describing the diseases in detail it will be as well if we recall a few facts about the functions of the nervous system in health.

It will help us to take an analogy; we will compare the body to a large commercial undertaking. Let us imagine, for instance, one of the big London shops containing many departments. In the first place, we will suppose that a woman comes in and asks for a reel of ordinary sewing cotton of a definite size and price. Assuming for the moment (perhaps rather improbable in some cases!) that she goes to the right counter, the transaction is perfectly simple: the assistant hands her the cotton and takes the money. The point is that the process does not get any further than the man behind the particular counter.

The next case is that of a customer who does not know what she wants, and asks for advice (as to what will suit her complexion). Here the counter expert is powerless, and he has to summon the magnificently attired consultant in the middle of the shop, who then originates an idea, and gives directions—it may be to another counter altogether—for its completion. Here we have two sets of employees involved.

Let us now imagine a man coming into the shop with the information that a new discovery has been made concerning the method of production of the goods that the firm sells, and which is of importance to the business. Here neither the assistant nor the gorgeous perambulant is of any use, and a telephonic message is therefore sent to the head of the firm, who deals with the matter by making a decision, and then telephoning—it may be to all parts of the country—his particular instructions.

Assuming that the business is in working order, the shopwalker does not trouble himself about the selling of the reel of cotton, nor the head of the firm about the particular kind of advice that this individual is going to give the customer about her Sunday frock.

The essential point about the working of a good business is that each man has his own work to do, and while the head of the house knows—by constant messages and returns from the different departments—that all is going well, he does not interfere with his subordinate officials.

So it is with the nervous system; there are different grades of responsibility, requiring different expenditures of nervous energy for their execution. The reel of cotton transaction is represented by the simple "reflex action," as it is called. A good example of this is seen when a fly alights on a person's hand, and he simply moves the limb to shake it off. Here there is no doubt as to what is required, and the whole business is effected in quite a subordinate department—namely, the part of the spinal cord that receives the impulses from the arm. Nothing is required to be originated, and so anything higher than the spinal cord does not come in, and the expenditure of nervous force is very slight, as only two telephone calls (namely, those from and to the skin where the fly settles) are used up.

A good example of the Sunday frock episode is seen in the game of cricket. A man is batting, and the bowler sends him down a ball which pitches near him. Here it is obvious that a decision of some sort has to be made, and the man has to use his eyes, for instance, to see whereabouts he may most advantageously hit the ball. This is not, therefore, quite so simple, and the spinal cord alone cannot deal with the situation, but several telephonic messages have to be sent up to various parts of the brain, and many muscles of the legs as well as of the arms have to be brought in for the subsequent stroke. Still, the making of a hit at cricket is not a very important matter, after all, and has no great effect on the life or career of the batsman (unless he is a professional cricketer, which we will leave out of the question just now), so the highest part of the brain is not used to any great extent, the work being done by the lower centres or subordinate parts of that organ.

The third analogy finds its counterpart when the man is about to take some momentous step, such, for instance, as getting married. Here there are many factors to be considered, and the decision may only be reached after weeks of anxious thought, involving the highest part of the brain, and much expenditure of nervous energy, so that the man, though normally well balanced, may have one or two sleepless nights, and his daily work may suffer, for a time. Once the decision is made he returns more or less to his normal state, and the daily work goes on as before.

Coming back now to the analogy of the big shop, let us see what happens if the head of the firm is tired out with overwork. The first, or most marked, sign of fatigue is irritability, and we can imagine him "fussing round" the heads of the different departments, and trying

to do their work for them, the result being that the business is disjointed, and not only do things go wrong in the particular department singled out for his attentions, but a general atmosphere of unrest and undue excitability pervades the whole establishment. If, however, the head of the firm now goes away for a week, and plays golf at the seaside, the probability is that on his return he no longer wants to sell reels of cotton himself or interferes with the shopwalkers, and no great harm is done.

This is what takes place if the head of the business is a sensible man. But let us suppose that he does not rest, but that, through a mistaken belief that his presence is essential for the success of the smallest transaction, he continues to work. By degrees the whole business becomes disorganised, and the firm begins to fail in its competition with others, because it is always being run at high pressure and with undue expenditure of energy.

At this stage it is possible to imagine that the business may still be saved if the head of the firm takes a rest, but it will probably have to be a rest of some months, during which time all originating is dropped, and the business confined to simple buying and selling which the shopwalkers and buyers can manage.

Let us now go a step further, and imagine that the head of the firm does not rest. Sooner or later he makes a great mistake, and does something utterly unwise from the commercial point of view, the result being that the firm goes bankrupt, and merely the machinery of clerks, assistants, and so on is left, without any responsible head.

In the first two conditions we have illustrations of what takes place, in various grades of severity, in two diseases—namely, neurasthenia and hysteria, while the last corresponds to some types of insanity.

Here I must insert a caution against pressing the analogy too far. I do not mean that hysteria is an aggravated form of neurasthenia—it is, in fact, an entirely different disease—nor that insanity is necessarily preceded by either of these, but the analogy will help us somewhat in dealing with nervous diseases as a whole, and the differences will be described when we consider each almost separately.

Let us begin with neurasthenia, which, being literally translated, means nerve weakness, and is, on the whole, not a bad name for the disease which it denotes.

It most frequently arises as a consequence of a period of overwork, which, though generally mental, may have been physical, or a combination of both. When, however, the nature of

the exciting trouble is inquired into, it is usually found that it has been not so much overwork as too much worry associated with the work. Thus, attendance on a sick or dying relative in those unaccustomed to illness, or an attempt to drown trouble or care by deliberate overwork, will very often result in neurasthenia. Want of sleep is also a fruitful cause.

Shock is another, and this is often the reason why people "break down" after a railway accident from which they have apparently escaped uninjured, or an operation which has seemed to be completely successful. An important point is that one can practically always find a definite cause for the condition.

It occurs both in men and women, and is not unknown in older children after a fright or a period of neglect or cruelty.

Whatever the cause may be, the effect is the same—namely, a weakening of the source of nervous energy in the brain. There is no organic disease, and if we examine the nervous system of a person who has succumbed to neurasthenia—as sometimes, though very rarely, happens—we cannot discover by any methods at present at our disposal anything visibly wrong in any part of it.

Now one consequence of this will be obvious—namely, that the neurasthenic person will be disinclined for any mental or physical work—he is always tired. But there is another: he is always irritable. By this I do not mean that he is bad-tempered, but that he responds in an exaggerated way to slight disturbances. Thus, he may jump out of his chair if a door slams, or become violently emotional for no obvious cause, and the reason of this is that the higher centres of the brain are interfering with the work of the lower centres in the spinal cord, and are sending messages down all sorts of unnecessary nerves, as well as those which are normally required for the particular movement only. Inasmuch as each message uses up a certain amount of nervous energy, just as a telephonic message uses up current from the battery which supplies the instrument, the result is more weakness still, and, in fact, a "vicious circle" is produced in the nervous system.

It is most important to remember that a neurasthenic person is not shamming, and that he cannot help his want of control, or irritability; if he could, he would not be neurasthenic. More nervous systems have been hurled over the precipice into insanity by ill-judged attempts of friends to "knock it out of them" than is pleasant to contemplate.

I have said that in neurasthenia the brain interferes with everything; it irritates where it

should control. Consequently we expect to find that the trouble is not confined to one system or organ, but that the whole body suffers. We thus get such a varied collection of signs and symptoms as headache, giddiness, sleeplessness, constipation, loss of appetite, deficient circulation, with consequent palpitations, and coldness of the hands and feet, pains in the limbs, &c., &c. In women, who frequently become neurasthenic from the exhaustion of repeated child-bearing, pelvic pains, backaches, and neuralgia are common symptoms also.

The main symptoms common to all neurasthenics are loss of appetite and sleeplessness.

OUR PRIZE COMPETITION.

WHAT CARE SHOULD A NURSE GIVE TO ENGORGED BREASTS?

We have pleasure in awarding the prize this week to Miss Elizabeth Douglas, the Maternity Hospital, Belfast Union, Belfast.

PRIZE PAPER.

In the first place a nurse should endeavour not to allow her patient to get engorged breasts.

If the patient is feeding her baby, the nurse must see that the child is put to each breast alternately; and she should also feel round the base of the breasts two or three times daily, for any firmness or hardening of the tissues; in some women the breasts will fill up and get hard in a few hours.

When the breasts get hard, there is usually a rise of temperature and quickening of the pulse, but not such quickening as the rise of temperature would lead you to suspect.

If the child is not able to empty the breasts, the milk must be drawn off with a breast exhaustor. Before using the exhaustor wash the breasts with soap and water, and then with warm boracic lotion. Have the exhaustor washed clean and lying in warm boracic lotion; and draw off a little from each breast, enough to relieve tension.

If the breasts have become painfully engorged, they will have to be treated with evaporating lotion, as ordered by the medical attendant; a piece of lint large enough to cover both breasts is wrung out of lead and spirit lotion, applied to the breasts, and covered with a thick piece of cotton wool: a firm bandage is put on in such a manner that it applies pressure and supports the weight of the breasts, and keeps them from dragging. Before the child is put to the breasts, the nipples must be washed free from lotion, the nurse must watch

carefully for cracked nipples, keep the patient's bowels well open with mag. sulph. and avoid giving her much fluid nourishment.

If the patient is not feeding the child, the nurse should attend to the breasts at once, as the onset of lactation generally begins in about twenty-four hours.

The breasts are usually treated with lead and spirit lotion, as in the other case, or a belladonna plaster may be put on, V-shaped pieces being cut out of the edge of the plaster to allow it to adhere and fit firmly to the breast. A hole should be cut in the centre for the nipple to pass through; or a preparation of belladonna and glycerine may be smeared on the breast. Whichever is used, the nipples must be left free, and protected by a piece of cotton wool or lint.

It is important to keep the patient's bowels open with mist. alb. or some other aperient, and not to let her get much fluid nourishment. See that the milk does not accumulate in the breast: this may be avoided, if necessary, by using the breast exhaustor.

If the engorgement and secretion are very persistent, the doctor may order a few doses of iodide of potassium, as this drug quickly lessens the secretion of the milk glands.

HONOURABLE MENTION.

Honourable mention is accorded to Miss H. Scott, Miss D. Evans, Miss M. James, Miss P. Thomas, Miss M. McIntosh, Miss A. O'Donaghue, and Miss Gladys Tatham.

Miss Scott says that with engorgement due to lactation the breasts are very swollen and tender, owing to superabundant secretion. They may be relieved in one of the following ways:—By boracic fomentations, by glycerine and belladonna applied on lint, and by the breast pump.

Miss P. Thomas writes that excess of milk, causing engorgement of the breasts, may be checked to a great extent by the regulation of the diet by the physician. Liquids, gruel, cereal foods, cocoa, and certain vegetables are withheld. Usually the supply of milk diminishes when the patient gets up. Massage is often successful in relieving the condition: it should be done after the breasts have been washed with soap and water, by a nurse with aseptic hands. Warm sterile olive oil is used, the nurse rubbing from below upwards, and from the outer border of the breast towards the nipple. Purgative medicines, usually salines, are generally ordered.

Miss O'Donaghue states that if the breast becomes very inflamed and hard, an abscess

may threaten. If resolution cannot be induced, the proper course is to apply boracic fomentations, and as soon as pus is detected, free incision, under chloroform, is the recognised treatment. It is inadvisable to allow the abscess to burst, as it is improbable in this case that it will drain freely, and the breast may be destroyed.

QUESTION FOR NEXT WEEK.

How would you deal with a case of suspended animation after submersion in water?

A HISTORY OF NURSING.

THE REVOLUTION IN FRENCH HOSPITALS.

IV.

The last chapter of the third volume of "A History of Nursing" tells of the revolution in French hospitals, beginning with a dramatic incident which took place in January, 1908, in the courtyard of the Hôtel Dieu of Paris:—"A little group of nuns of the Order of St. Augustine, the last ones left in the hospital, were about to leave it, as far as they knew, for ever. A long expected decree of the Municipal Council had made known to them the termination of their 1200 years of service there. For some time the laicisation of the hospitals had been going on, and the last ones to leave were the Sisters of the Hôtel Dieu. In silence they listened to the decree of banishment. With courteous kindness and real sympathy, the Director-General of the *Assistance Publique* of Paris addressed them in farewell words, endeavouring to lighten the heavy moment with conciliatory words of recognition for their long years of faithfulness. Those among them who chose to give up their vows, he said, might remain in their posts, due regard being had for their fitness, age, and length of service. Outside the walls a crowd had gathered. Some possible disturbance was feared, and the police were there. Sympathisers wished to take out the horses from the Sisters' carriages and drag them themselves, but this the police forbade. Presently the Sisters came out, entered the carriages, and drove away. One or two cries of 'Down with the Republic!' were heard, and several arrests were made before the groups dispersed."

The next revolution to which our attention is directed is that caused by Pasteur, who, as "a grave, sincere, almost shy youth of unobtrusive manners," came to Paris to study chemistry. "His studies in spontaneous generation, begun in 1860, resulted in his famous dictum, 'No life

except from previous life.' Whatever wonders science may yet have to discover, this dictum will always hold good in the practical details of the treatment of disease, and for the procedures of the nurse. He acknowledged reverently a remoter mystery which he did not attempt to solve.

"It was he who brought Lister's attention to the germs of putrefaction, and thus initiated the surgical revolution. Pasteur and Miss Nightingale were contemporaries—their early years of study and action were almost simultaneous. Each was a seer and prophet of health and of disease prevention. Like two noble pillars, the life, the work, the teaching of Pasteur and of Miss Nightingale stand side by side."

Miss Dock quotes at length from an article by M. Mesureur, Director-General of the Paris Hospitals, describing the series of changes which took place in the great Paris hospitals, and does full justice to the pioneer work of Dr. Bournexville, whom nurses attending the Paris Conference in 1907 will remember, "one of the most distinctive, and easily the most militant, among medical pioneers of hospital reform."

The work of the nursing school in the Rue Amyot, with Mme. Alphen Savador as President, is also noted.

Next we have an account of the fine work of Dr. Anna Hamilton, who "quietly introduced the 'Nightingale System' into Bordeaux and set the boundary line between two eras of nursing." Dr. Hamilton's work is well known to the readers of this journal, and space forbids quotation at length from Miss Dock's sympathetic appreciation.

One incident must be quoted:—"Oddly enough Dr. Hamilton, who was to introduce the 'Nightingale System' into France, was not permitted to use the wards at St. Thomas' for her observations, as she had hoped to do. But at St. Bartholomew's she found in Miss Isla Stewart a generous hostess, who gave her the freedom of the wards, and that she might not seem like an intruder, a broom to carry about with her."

The appointment of Miss Elston, who was trained at the London Hospital, to hospital work in Bordeaux, has its romantic side. She saw Dr. Hamilton's name and address in a magazine, and immediately wrote to tell her of her desire to work in France. By a curious coincidence, Dr. Hamilton had just written to the Matron of the London Hospital, asking for a head for the training school, and had received the reply that Miss Lückes had no one to send. Three weeks after receiving a personal offer

from Dr. Hamilton to take charge of the school, Miss Elston was in Bordeaux.

"The career of unbroken success and brilliant achievement that fell thereafter to her lot, graciously and modestly as it was met, should be a source of pride and satisfaction to her *alma mater*."

Miss Elston only remained with Dr. Hamilton at the Protestant Hospital long enough to train her successor. Her work had come under the observation of Dr. Lande, then Mayor of Bordeaux, who was so impressed with it that he determined to introduce the same system into the public hospitals. A beginning was made in the Hospital of St. André, for the matronship of which a Dutch nurse was first selected, but after three months she gave up the struggle, and the Protestant Hospital came to the rescue by lending Miss Elston to continue the trial. "The resident medical students were furious at the oncoming of a school for nurses. They had written a pamphlet of fifteen pages, declaring that all a nurse needed was to be clean and intelligent; all the rest was in the doctor's province. . . . The male secular attendants at St. André wrote a badly spelled, menacing letter to Dr. Hamilton, threatening her with vengeance, and obscene articles were published in the public Press."

When the head nurses and probationers took over the work in certain wards, they found jugs with holes in them, leaking douche tins, and, later, water running from the bath-room to the wards. Examination revealed the overflows plugged with wool. The linen cupboard which seemed well filled and tidy, was found to be stocked with rags, and the patients emptied their hot water bottles into their beds, thinking that the mattresses would not be changed, and that the nurses would be discredited in the eyes of the doctors.

Six months later, Miss Elston was asked by the Préfet if she felt capable of managing a hospital alone, and replying in the affirmative, if she could have it under her own control, she was transferred to the Tondu, where she soon had a model system established.

The nurses of the Bordeaux schools have from the outset been encouraged by Dr. Hamilton, Miss Elston, and Dr. Lande, to go into reform work, and quite a number of provincial hospitals have been opened to them, with the understanding that one of the group sent shall be given the position of directress, otherwise they would be powerless to effect reforms.

A Bordeaux nurse, placed in charge of a male division of sixty beds in a laicised hospital, wrote in 1906 that "the young woman who for three years had been head nurse of this ward,

was on terms of great familiarity with the patients, and at nine o'clock she was accustomed to seat herself with her crocheting beside her favourite, a chronic case who was her servant, man of affairs, and confidant, and who had a whole outfit of domestic utensils in his bed. He cleaned and mended her clothes, filled her lamp, waxed her shoes, polished the instruments, broke up loaf sugar, cut and made dressings and bandages, without ever getting out of bed or washing his hands.

Returning to the work of M. G. Mesureur as Director-General of the Paris Department of Public Charities, Miss Dock tells that "he found among his predecessor's notes plans and estimates for a School for Nurses. He determined to complete it, and thereafter the improvement of the nursing service was one of his cherished objects. A kindly and tactful official, sincerely desirous of elevating the *morale* and technique of nursing in the hospitals, he has erected a splendid memorial of his administration in the new school and its high purpose.

"In the summer of 1907 the finished structure stood extensive and beautiful, built upon a plan of great dignity and seemliness, in the ample grounds of the Salpêtrière. Its noble dining halls and spacious assembly rooms, fine amphitheatre for lectures and demonstrations, large class-rooms and small quiet studies, generously planned library and museum of nursing appliances and equipment, are like those of a college, setting it in the forefront of nursing schools, while provision was made for single bedrooms and every possible comfort for 150 pupil nurses, and for a Directress, the Principal of the School. Here is the outfit for a revolution."

"At the London Congress in 1909 the nurses of other nations had the pleasure of meeting a group of the pupils of the City of Paris, who were passing their internship at St. Bartholomew's, and whose bright young faces, animated ways, and boundless enthusiasm won all hearts."

Curiously, in one of the most beautiful hospitals of Paris—the Bouicaut—although under the *Assistance Publique*, Religious Sisters still retain office, for this was a condition of an endowment left to it. "The Order placed in charge was a branch of the Irish Sisters of Mercy. The Sisters do all the nursing, having no servants about their patients, wear the prettiest white linen habits, and explain freely the orders and treatment of the cases in the French language, with a soft touch of Irish brogue. So progresses the revolution, and over every hospital stand the glorious words, *Liberté, Égalité, Fraternité*." M. B.

THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF TRAINED NURSES.

The Executive Committee met at 431, Oxford Street, London, W., on Saturday, the 22nd ult., to receive a letter from the Right Honourable R. C. Munro Ferguson, M.P., who is in charge of the Nurses' Registration Bill, in which he proposed that, before introducing the Bill next session, it would be of advantage to have a Memorandum attached to it explaining its object and provisions. A Draft Memorandum, drawn up by the Hon. Secretaries, having been submitted to the Secretaries of the constituent Societies, and approved by Mr. Ferguson, was considered, and, with a few verbal alterations, adopted as follows:—

MEMORANDUM TO NURSES' REGISTRATION BILL.

This Bill has been prepared on instructions of the Central Committee for the State Registration of Trained Nurses, which represents by delegation the British Medical Association, the Matrons' Council of Great Britain and Ireland, the Royal British Nurses' Association, the Society for the State Registration of Trained Nurses, the Fever Nurses' Association, the Association for the Promotion of the Registration of Nurses in Scotland, the Scottish Nurses' Association, and the Irish Nurses' Association; comprising not less than 30,000 medical practitioners and nurses. The Right Hon. the Lord Ampthill, G.C.I.E., is Chairman of the Committee.

The object of the Bill is to ensure that the community shall have a guarantee that the nurses they employ are skilled in their professional duties.

At the present time such a guarantee is non-existent. No minimum standard of knowledge for professional nurses has been defined or enforced. Each hospital grants its own certificate of efficiency after a variable length and amount of instruction and experience, and the public has no means of discriminating between nurses with no certificate, or one only awarded after a limited sojourn in a small and perhaps special hospital, with scanty or merely nominal facilities, and those who have earned a certificate after a training of three years in a well-organised and equipped training school attached to a hospital or infirmary of adequate size. The existing lack of standardisation and control is dangerous to the public, and unfair to those nurses who have qualified, in the best manner available, for their responsible duties.

The Bill establishes a "General Council for the Registration of Nurses in the United Kingdom" composed of persons appointed by the Privy Council, the Local Government Boards in the United Kingdom, associations of registered medical practitioners, and direct representatives

of the nursing profession. The duties and powers of this Council are defined in Clause 10 of the Bill. Amongst the most important of them are the standardisation of training and the examination and registration of nurses.

In 1905 a Select Committee of the House of Commons on Registration of Nurses which, under the Chairmanship of Mr. H. J. Tennant, M.P., took evidence during two Sessions, unanimously reported to the House of Commons that "Your Committee are agreed that it is desirable that a Register of Nurses should be kept by a Central Body appointed by the State."

On June 23rd, 1908, the Nurses' Registration Bill was presented by Lord Ampthill in the House of Lords on behalf of the Society for the State Registration of Trained Nurses, and read a first time. After full discussion, and without a division having been taken at any stage, it was read a third time and passed on November 10th of the same year, when the Earl of Crewe, K.G., Leader of the House, stated that His Majesty's Government were fully prepared to support the third reading. It also had the support of the Marquess of Lansdowne, K.G., Leader of the Opposition.

The Registration of Trained Nurses is in force in Cape Colony, Natal, the Transvaal, and the Orange River Colony in South Africa; in New Zealand; in the Province of Ontario in Canada; in the State of Queensland, Australia; and in the Bombay Presidency in India; in thirty-four of the United States of America; in the German Empire; and in Belgium.

In the United Kingdom, where the movement for the State Registration of Nurses was inaugurated, trained nurses have been working continuously since 1887 to secure this reform.

In India, throughout the Dominion of Canada, in Australasia, in various British Colonies, in a great number of the American States, and in several European countries, trained nurses are organised to obtain such legislation. So widespread a desire is indicative of a general recognition of the need for the protection of the public against untrained and semi-trained nurses who assume to be thoroughly trained.

A discussion then ensued as to the best practical method of advancing the cause of Nurses' Registration, and several suggestions were adopted.

REGISTRATION IN THE COLONIES.

We regret we must defer quotation from Miss Greta Lyons' articles in *Una* on nursing as she saw it in England, but she states she left Victoria in favour of Registration, and returned to it an ardent advocate. We have also to thank a contributor for most interesting information on Registration in the Transvaal. Next week we shall find space to refer to both these subjects.

REGISTRATION IN BOMBAY.

AN OPEN LETTER.

DEAR MADAM,—Since April, 1911, Registration of Nurses under an Association of the Bombay Presidency, presided over by the Surgeon-General, recognised by Government, has been in force; and no nurse is recognised except by passing the examination of its Board, the nurse being automatically "Registered."

Nurses already trained are allowed Registration under certain regulations; as, if trained and certificated after three years in any of the four recognised training schools, or if from these four schools but before the three years' course was compulsory, or from any other hospital in the land, on presentation of diploma and undergoing an examination by the Board; or holders of British or American Certificates of recognised schools; and for registering as an "obstetric nurse," midwifery qualification also.

I have fought shy of receiving from India the registration of my certificates, which I consider superior to anything India can offer, except, perhaps, in midwifery, when denied Registration in England; but finally other considerations gained the day, and, forced by my own native land to submit my qualifications for approval in one of her own conquered territories, to a Board composed of British *and* the conquered races, I am, after over 15 years' fighting and spending, and an early member of the State Registration Society, able to write after my name "R.N.!" in *India*, and not, as my certificates and my birthright entitle me to, in Great Britain.

Here we are personally teaching and training our staff of probationers, and annually turning a number out as "R.N.s," and denied any recognition ourselves unless obtained in one of our dependencies!

The position would be ludicrous were it not so intensely galling in its utter injustice. It is yet one more instance of a Briton being worse off than those he has conquered.

Imagine British doctors having to submit to Indian registration along with those who have passed the infinitely inferior tests of the country because they could not obtain it in their own land! A Bill would be passed through both Houses in less than a week! But we may fight, and pay, and grow bitter, it seems, for another quarter of a century.

The British Government finds it advisable to register its Indian trained nurses, but can find no time to do justice to the British born and trained, who have taught their Indian sisters all they are able to assimilate of the art.

But, dear Editor, this is not a safe subject to pursue farther (there are thousands of us who are becoming "unsafe"); and therefore, with my fervent wishes for 1913 in all that concerns the welfare of our mighty profession and its true advancement,

I am, yours sincerely,

AN INDIAN R.N.

THE DUBLIN CONFERENCE.

The Conference Committee in Dublin have decided that the mornings and afternoons of two days, the 4th and 5th of June, will be devoted to the Conference Sessions, and that Friday, the 6th, will be profitably taken up with a delightful excursion, probably to Glendalough, to which a most lovely motor drive can be enjoyed. The Dinner will be held on the evening of Thursday, the 5th.

The programme will include the discussion under Nursing Education of (1) Preliminary Education of Probationers; (2) Reciprocal Hospital Training; (3) Post Graduate Teaching for Trained Nurses. The Nursing of White Plague (tuberculosis) also of the Black Plague (venereal disease), and The Appeal of the Insane to the Nursing Profession, will all be discussed on the first day of the Conference.

On the second day, under the heading of the State Registration of Nurses, (1) The Nurses' Registration Bill—Its Educational and Economic Aspects; (2) Legal Status, and How to Build Up the Profession of Nursing for the Benefit of the Public, and The Law as it affects Nurses will be presented in the morning. In the afternoon The Legal Status of the Midwife will be dealt with in two papers (1) An Efficient Standard of Training for the Midwife; and (2) A Just Midwives' Act for Ireland will arouse much interest. Speakers are being selected and invited, and the Conference Committee are well forward with the preliminary organisation of the Conference.

NURSES' SOCIAL UNION.

Miss Kirby will deliver a lecture on "The Mental Deficiency Bill," at 84, Warwick Avenue, Maida Vale, on Thursday, February 27th at 3.15.

Professor Walker Hall will deliver two lectures on "The Serum Treatment of Disease," illustrated, to the members of the N.S.U., on February 27th and March 20th, at the Pathological Department, Bristol University, at 3.30 p.m. Non-members admitted price 6d. to the lecture and tea. Information from Miss Douglas, 66, North View, Westbury Park, Bristol.

APPOINTMENTS.

LADY SUPERINTENDENT

Leeds General Infirmary.—Miss Euphemia Steele Innes has been appointed Matron. She was trained at the Leeds General Infirmary, where she was Sister of Wards, and of the Theatre, and then Night Superintendent. She then held the position of Assistant Matron at the Royal Halifax Infirmary for a year, when she returned to Leeds as Assistant Lady Superintendent, from which position she was elected to her present post of Matron of the Royal Halifax Infirmary in March, 1912. Miss Innes was selected for the Leeds appointment from a very large number of applicants. The selected candidates in addition were Miss M. H. Crooke, Assistant Matron, Bradford Royal Infirmary; Miss Lucy McLean, Assistant Matron, Western Infirmary, Glasgow; Miss M. P. Scovell, Matron, Swansea General Hospital.

MATRON.

Wye House, Private Asylum, Buxton.—Miss Kate Johnson has been appointed Matron. She was trained at Bradford Union Hospital, where she has held the positions of Sister and Night Superintendent. She has also been Sister at Sheffield Union Hospital, and Night Sister at Stirling District Asylum, Larbert, N.B. She holds the certificate of the Medico-Psychological Association and is a certified Midwife.

The Children's Sanatorium for the Treatment of Phthisis, Holt, Norfolk.—Miss E. Jackson has been selected as Matron. She was trained at the General Hospital, Nottingham, and has been Sister of the sanatorium of the hospital. She has also had experience in private nursing.

Morfa Hall Convalescent Home, Rhyl.—Miss M. E. Chesters has been appointed Matron. She was trained at the Royal Infirmary, Sheffield, and has held the following posts:—Sister at Stanley Hospital, Liverpool; Royal Eye Hospital, Manchester; Surgical Hospital, Stockton; and the Infirmary, Greenock. Miss Chesters has also been night Superintendent and Assistant Matron at the General Hospital, Wolverhampton.

ASSISTANT MATRON.

Gartlock Mental Hospital, Gartlock.—Miss R. Treveltham has been appointed Assistant Matron. She was trained at Plymouth Borough Asylum and the Royal Albert Hospital, Devonport, and has been Matron of Plympton House, Plympton, South Devon.

SISTER.

Bethnal Green Infirmary, N.E.—Miss Ada E. Lunn has been appointed Sister. She was trained at the West Ham Infirmary, and has been Staff Nurse at the Edmonton Infirmary. She also holds the C.M.B. certificate.

Llanelly Hospital.—Miss Mildred Duffield Potter has been appointed Sister. She was trained at the Royal National Orthopædic Hospital and at University College Hospital, London, where she has been Staff Nurse.

The Infirmary, Rochdale.—Miss P. M. Griffith has been appointed Sister. She was trained at

the Royal Southern Hospital, Liverpool, and has been Theatre Sister of the Women and Children's Wards at the Harrogate Infirmary and Sister at the General Hospital, Great Yarmouth.

NIGHT SISTER.

Borough Hospital, Birkenhead.—Miss S. Buckley has been appointed Night Sister. She was trained at the Royal Southern Hospital, Liverpool, and has been Nurse at the Free Church Council Schools, Eastbourne, and Sister at the General Infirmary, Macclesfield, and Borough Hospital, Birkenhead. She also holds the C.M.B. certificate.

NIGHT SUPERINTENDENT NURSE.

Union Hospital, Newcastle-upon-Tyne.—Miss Barbara B. Wilson has been appointed Night Superintendent-Nurse. She was trained in the same institution, and has had experience in Infectious Nursing at the Western Hospital (M.A.B.), Fulham Road, S.W.; and as Maternity pupil at the Royal Simpson Memorial Hospital, Edinburgh; recently she has been Night Superintendent at the Newcastle Union Hospital.

SCHOOL NURSE.

Borough of Bromley.—Miss Mary Tattersall has been appointed School Nurse. She was trained at the Bristol Hospital for Sick Children and Women, and at the Ashton-under-Lyne Infirmary, and for four years did School Nursing at Ironbridge, Shropshire. She has also been Sister of the Children's Ward at the Royal Surrey County Hospital, Guildford, and Staff Nurse at the Fever Hospital, Newport, Mon. Since April last, she has been District Nurse and School Nurse, at Slough.

RESIDENT MASSEUSE.

The Royal Infirmary, Leicester.—Miss E. D. Moore has been appointed Resident Masseuse. Her professional experience has been gained as follows:—Swedish Clinique and Institute, London, S.W.; Massage at St. Mary's and the Royal Free Hospitals, London; Certificate I.S.T.M. and the Teachers' Certificate of the Swedish Clinique as gymnast for remedial medical exercises.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse, Miss Sara G. M. Rogers resigns her appointment (February 20th).

The following ladies to be Staff Nurses: Miss Mary Dora Cashmore (June 6th, 1912); Miss Clara Innes Griffin (June 24th, 1912); Miss Frances Rosa Holmes (July 1st, 1912); and Miss Gwenddollen Maud Jones (July 1st, 1902).

TERRITORIAL FORCE NURSING SERVICE.

Miss Gertrude A. Rogers, Principal Matron, resigns her appointment (January 28th).

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.—Miss Elizabeth Palmer is appointed to Wakefield, as Senior Nurse; Miss Rosina Blundell is appointed to Gloucester; Miss Maria Carr is appointed to Hull; Miss Mabel Lambert is appointed to Huddersfield; Miss Elizabeth MacBride is appointed to Hull.

NURSING ECHOES.

The Council of the Queen Victoria Jubilee Institute for Nurses met at the offices of the Institute the 19th ult., Mr. Harold Boulton in the chair. Lord Goschen and Mr. Boulton were elected respectively Chairman and Vice-Chairman of the Council for the ensuing year. Queen Alexandra has approved the appointment of the following members of the Council of the Institute:—Mrs. Stansfield Richardson, Lady Harrowby, Miss Wagg, Miss Bright, the Hon. Mrs. David Bevan, and Mrs. Pendarves. It was announced that the Duke of Devonshire, President of the Institute, and the Duchess of Devonshire would give a garden party on June 12th for the Queen's Nurses all over the kingdom. A draft report of the Council to Queen Alexandra was submitted and approved. A small gold badge has been awarded to the following:—Miss Walker, superintendent, Bolton; Miss Mills, superintendent, North Home, Liverpool; Miss Curtis, superintendent, Hammer-smith; Miss Heygate, superintendent, Salford; Miss C. Boddington, Salford; Miss A. Ford, Forfar; Miss A. Towers, Rutherglen; Miss L. Steele, Welborough; and Miss M. E. Martin, Shifnal.

News has come from Constanza of the safe arrival, so far, of Sisters Haswell and Park on their way to Constantinople to nurse the Turkish sick and wounded soldiers, in connection with the British Red Crescent Society.

The question of benefit to nurses under the Insurance Act has always been a thorny and problematical one, and the interpretation has been put on the Act by some Friendly Society officials that nurses who are "warded" when ill come within the provision that no person is

entitled to benefit who is treated in an infirmary, hospital, or asylum supported out of public or charitable funds. The London Insurance Committee has now issued a special form, and subject to the filling up of this, the application of nurses for making their "own arrangements" has been granted in each case.

It is unfortunately frequent for charges—whether they be well or ill founded—to be made against private nurses for gossiping from one case to another. Of course, the fault should not be laid at the door of the trained nurse, as a rule, at all, but at that of the miscellaneous collection of persons who assume her uniform, and undertake her work. Nevertheless, trained nurses will do well to note the complaints of the public, and to remember that both honour and professional obligations constrain them to hold sacred and inviolate the affairs and confidences of their patients.



MISS BERGLJOT LARSSON.
President, Norwegian Trained Nurses' Association.

At the last monthly meeting of the Catholic Nurses' Association, held at the Club Rooms, Lourdes House, Mountjoy Square, Dublin, the Secretary reported a profit of £18 11s. 3d. from the annual dance on January 8th. Final arrangements were made for a whist drive, to be held in the Club Rooms on Tuesday, March 11th.

It is with great pleasure that we publish a portrait of Miss Bergljot Larsson, President of the Norwegian Trained Nurses' Association, and Editor of its paper *Sykepleien*. It will be remembered that Miss Larsson, with other Norwegian Nurses, was present at the Cologne Congress, and they were so inspired with what they there saw and heard that on their return they at once founded their own Association.

The report of Mrs. Jessie B. Davies, Chief

Lady Superintendent of Lady Minto's Indian Nursing Association, this time written from Viceregal Lodge, Delhi, is always one of the most interesting sections of this well edited and produced Report. From it we learn that the passage of the sixth year of the Association has been, like its predecessor, marked by many and far-reaching changes. The year 1912 has been one of activity, and the demand on the services of the Nurses has been such that a larger staff could have been utilised had they been available.

In connection with the Central Committee, six Sisters have left on the completion of their term of service, five of whom received a passage to England. Nine Sisters have been recruited from England, and two have been engaged in India, one being a fully trained English Nurse, and the other an Australian, equally well qualified, and with a satisfactory record of three years' service in the Punjab Branch of the Association.

In the Punjab Branch there has been much illness amongst the Nursing Staff, and the work has fallen very heavily on some of its members. Mrs. Davies records that much credit is due to those Nurses for their loyal and energetic co-operation, upon whom the burden and heat of the day has fallen; they worked splendidly throughout the period of the outbreak of enteric in the months of June and July, and their whole-hearted services were much appreciated by those who had occasion to require them.

We understand that the Nursing Staff of the Association is at the present time being increased, and about 12 more Sisters are needed. The Sisters like the work, and those who come home on furlough usually desire to return to India. Details will be found in our advertising columns.

The last exchange received of *The Nursing Journal of India* is admirable—with Mrs. W. H. Klosz in the editorial chair, this is no surprise. She writes in support of self-governing Nurses' Magazines that "it is a very important matter that as soon as nursing in a country is sufficiently established to support a magazine devoted to nursing subjects one should be maintained by the nurses themselves as the official organ of their Associations," and in deprecating publications conducted by persons outside the profession, she quotes the cutting satire of Mr. Wells in "Tono-Bungay" when he says: "I had some amazing perceptions of just how modern thought and the supply of fact to the

general mind may be controlled by money. Among other things that my uncle offered for, and tried very hard to buy, the *British Medical Journal* and the *Lancet*, and run them on what he called modern lines"!

By the kind invitation of the Lady Margaret Boscawen, about 120 friends and subscribers of the St. Feock and Devoran Nursing Association were entertained to tea at the Church Rooms, Carnon Downs, on Wednesday, the 19th ult. Among those present were Miss Tait McKay (County Superintendent), Miss Catherine Boscawen (Tregye), Miss Williams (Caerhagen Castle), Archdeacon Shimfield, Dr. Edwards, and others.

The interesting feature of the afternoon was the presentation to Nurse Knowles, who is leaving for Australia, of a purse and over £23, together with an illuminated scroll containing the names of subscribers in recognition of her work and personal popularity. The presentation was made by the Lady Margaret Boscawen, who referred to the excellent work done among the sick poor, and her ready help and sympathy which would long live in the memory of her many friends.

Nurse Knowles spoke of the whole-hearted way the Committee had helped her.

Miss Tait McKay, referring to the loss the Association had sustained by the resignation of Nurse Knowles, said that she was proud they were giving such a "good specimen" to the Colonies, one who had both pluck and endurance—in fact, one of their best—and in the name of the C.N.A., she heartily wished her success. Nurse Knowles sails on March 6th.



NURSES' MISSIONARY LEAGUE.

A quiet day for prayer and meditation will be held on Tuesday, March 4th (by kind permission of the Rector), at Holy Trinity Church, Marplebone (opposite Portland Road (Met.) Station, and close to Warren Street and Regent's Park Tube Stations).

It will be conducted by the Rev. Harrington C. Lees, Vicar of Christ Church, Beckenham, and the general subject for addresses will be "The Practice of the Presence of God." Time-table:—6 a.m. and 9.15 a.m., Holy Communion; 9.45, Morning Prayer. Morning Session.—to 12.15, Addresses: "The Preparation for the Presence"; "The Power of the Presence." Afternoon Session.—2.15 to 4.30, Addresses: "The Purpose of the Presence"; "The Peace of the Presence."

Each address will be short, time being allowed for meditation and quiet waiting upon God.

Mr. Harrington Lees will be in the church from 12.15 to 12.30, and from 1.45 to 2.15 to give further help to any nurses who wish.

THE MASQUERADERS.

CHARGE OF ATTEMPTING TO PROCURE.

We quote the following case from *The Times*. At Clerkenwell, Flora Johnson, 45, described as an unfortunate, of Swinton Street, Gray's Inn Road, was charged before Mr. d'Eyncourt with attempting to procure Ethel Maud Driver, 28, a nurse.

Ethel Maud Driver said that she was assistant matron at the Homes of Hope, in Regent Square. She was in a public-house in the evening when Johnson came in and the witness treated her to rum. Later the accused asked her to go home with her, and she did so. After she had drunk a glass of stout at the woman's room Johnson said to her, "Will you stick to me?" and she replied, "Yes, I will."

Mr. d'Eyncourt: For what purpose?—She said, "You will get plenty of money in uniform."

Continuing, the witness said that they went out together and walked along Euston Road, where Johnson accosted several men and introduced the witness to them. They had two more drinks at public-houses and eventually took an omnibus to Liverpool Street. Here Johnson stopped another man and the witness asked him to get her away. He called the police and Johnson was given into custody.

In reply to the magistrate the witness said she did not go with the woman in order to catch her, and should not have gone had she not had drink. She added that she bought some laudanum at a chemist's, Johnson having said she (the witness) wanted some sleep.

The case was remanded.

TO HER HORROR.

Even the *Daily Mail* is compelled to report a little of the truth of the bogus nurse question. As a determined opposer to all protection of the nursing profession and the public through State Registration, this is the more significant. From Tuesday's issue we quote:—

"Owing to recent revelations of white slave traffic methods, cases are reported of nurses in uniform being regarded with suspicion at the London railway centres.

"'Only the other day,' writes a London nurse to the *Daily Mail*, 'a nurse was sent to meet a girl patient who was coming from the country to a hospital. To her horror a policeman at the station warned her in such a manner as left no doubt as to his suspicions. This is not an isolated example, as many nurses could testify.'"

CRIES OF "MORMON."

Apparently Belfast mill girls know how to treat the masquerader to judge from the following story. A person wearing a nursing sister's cloak called at the house of an elderly woman and asked to be allowed to make a cup of tea, and was noticed to be wearing trousers instead of a skirt under the cloak. Out rushed the woman, and

some hundreds of mill girls passing by, with cries of "Mormon"! pursued the "Sister" who had taken to flight. Later a constable rescued him buffeted and bleeding, minus the cloak, and took him to the police station.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

Their Majesties the King and Queen, whose interest in hospitals is well known, have visited several institutions in London during the past week.

The Duchess of Albany last week paid a visit to the Lord Mayor Treloar's Hospital for Crippled Children at Alton. Her Royal Highness, who was received by Sir William and Miss Treloar, was specially interested in the "Babies' Ward."

Mr. Lloyd George has sent a reply to the Council of the British Hospitals Association, who asked that hospitals should be relieved from the payment of legacy duty upon bequests made to them. The Chancellor states that, having regard to the very considerable loss of revenue to the Exchequer involved, and to the very serious demands of a like nature inevitably following such concessions, he regrets he cannot accede to the request. He points out that it is always open to testators to bequeath hospital legacies free of duty, and thus shift the incidence of duty to the residuary legatee.

The Committee of Management of the Mount Vernon Hospital for Diseases of the Chest at Hampstead have recommended the governors to sell the hospital and devote the funds to the Northwood Sanatorium associated with the institution, owing to financial difficulties caused by the Insurance Act.

Sir Charles Seeley, Chairman of the General Hospital, Nottingham, and father of the Secretary of State for War, has announced his intention to present the Notts Convalescent Homes at Skegness which were established by his liberality, with land north of the present institution and to assist in any plan for laying it out.

The Anthrax Investigation Board has reported as the result of investigations that while the hope of proving "no blood, no anthrax" must be abandoned, as the outstanding feature of last year's tests was the cultivation of the anthrax bacilli from materials free from trace of blood, yet the presence of blood must be regarded as a danger signal of first importance.

The provision of State-Aided hospitals for tuberculosis is being considered by the Provincial Legislature of Halifax, Canada.

A CONFERENCE ON NURSING IN SYDNEY.

During the second week in January a conference was held in Sydney between the council of the Royal Victorian Trained Nurses' Association and the council of the Australasian Trained Nurses' Association, reinforced by delegates from the A.T.N.A. councils of Queensland, South Australia, Western Australia, and Tasmania. Although the A.T.N.A. and the R.V.T.N.A. work on the same general lines, there are a number of points of divergence in their rules, and it was with a view of obtaining, if possible, more uniformity, that the conference was held.

The chief points of difference between the two associations are in the qualifications required for obstetric nurses, the training of nurses in private hospitals, and the length of training in smaller general hospitals.

In Victoria, hitherto, only nurses who have completed their general training have been allowed to train in obstetric nursing. This, no doubt, makes the ideal obstetric nurse, but it seriously limits their number, and makes it impossible, as a rule, for the poorer people to obtain their services. In N.S.W. and most of the other States there are a number of midwifery training schools, which give a twelve-months' hospital training; and nurses so trained take midwifery work only. The number of nurses trained every year for this work in Sydney alone is considerable, and the consequence is that the employment of any but a trained nurse is the exception, even in poor homes. This is, therefore, a question of great importance to the community; and it is probable that in Victoria some alteration will be made in present methods so that the number of midwifery nurses will be increased.

The length of training for a general nurse in Victoria is three years, irrespective of the size of the hospital. In the other States the training is for three, four, or five years, according to the size of the hospital, it being considered impossible for a nurse to see in a small hospital a sufficient variety of cases in the shorter time. In Victoria also this fact is being recognised, but it is proposed that instead of lengthening the period in the small hospital the nurse shall supplement her training by six months in an infectious hospital and six months in a gynecological hospital, making four years in all. This would certainly be equal to a four years' continuous training in a small hospital; the question to be decided is whether it should be considered as equivalent also to a five years' training in a small hospital.

Hitherto nurses have not been allowed in Victoria to train in private hospitals, while in the other States private hospitals which have conformed in all respects to the regulations have been recognised. Those who support this custom maintain that a nurse trained in a private hospital is better fitted for private nursing than one trained in a general hospital; those who do

not approve consider that her training is apt to be one-sided and to lack experience in medical nursing, the majority of cases in private hospitals being surgical.

Another point of discussion was the terms on which a nurse trained outside Australia should be registered. The A.T.N.A. registers such nurses on exactly the same terms as Australian-trained nurses; that is, they must submit satisfactory hospital certificates, and, unless they have trained in a country where there is a uniform system of training and examination, either voluntary or State, must pass the membership examination. The R.V.T.N.A. has registered such nurses on their certificates only. A suggested alternative is that a certain number of well-known training schools should be exempted, and that nurses coming from these hospitals should be registered without examination; while those coming from provincial and less well-known hospitals should be required to sit for examination. Against this is the fact that no exceptions are made in Australia; and the nurse trained in a metropolitan hospital in Sydney or Melbourne is required to pass the same examination as her sister from Cairns or Bourke or Mildura.

The conference came to no definite decision on these matters, which must be referred to the local councils, but only good can come of the discussions that took place, and which enabled the members attending the conference to see more clearly the points of view of their colleagues.

THE DOCTOR AND THE CHILD.

One of the best means of drawing attention to any subject is through the eye, and that this is recognised and widely made use of by advertisers every hoarding in town and country bears witness. One of the most striking posters now to be seen is that of "The Doctor and the Child," a reproduction by the Oxo Company, on which the artist, Mr. Joseph Simpson, is to be congratulated. The smiling child is looking up at the doctor, intimating "Quite well, doctor, thanks to you," and the doctor thus receives his reward for the work of many anxious days and nights.

MELLIN'S FOOD.

The selection of an agent to supplement the natural food of an infant, or to modify cow's milk, is always an important matter. Mellin's Food can be used for purposes of modification with security, for it is a preparation perfectly free from unchanged starch; and its effect is to render cow's milk more digestible. Moreover, its sweetness is due to maltose, not to cane-sugar, which may ferment in the baby's stomach. Rightly prepared, in proportions suited to the age and individuality of the infant, Mellin's Food forms a medium for the modification of cow's milk for infants, invalids, and the aged, which has been used with advantage by thousands. It is supplied by Mellin's Food, Ltd., Peckham, London, S.E.

OUTSIDE THE GATES.

WOMEN.

It will give sincere pleasure to the nation that the King has been pleased to grant to Mrs. Kathleen Scott the same rank, style, and precedence as if her husband, Captain Robert Falcon Scott, R.N., C.V.O., had been nominated a Knight Commander of the Bath, as he would have been had he survived.

We note in the press that the promoters of Alexandra Day propose to repeat this very undesirable method of raising money for charity, and are pleased to know that some of the hospitals are wisely determining to have nothing to do with it. To let young girls loose in the streets to pester men of all classes to buy their silly wares produced an extraordinary condition of affairs last year. We spent the afternoon watching the results, and condemn in all sincerity any repetition of such a demoralising affair. Then from a business point of view, how about the balance-sheet? £7,000 was spent to produce £11,000 for the cause! We consider the name of Queen Alexandra should be kept out of this advertising scheme of vulgar social climbers, and that no mother worthy of the name should permit her young daughter to take part in its proceedings.

A letter has been received from the King and Queen approving the decision that the memorial to the late Miss Emma Cons should take the form of a fund to assist the Victoria Hall, Waterloo Bridge Road, with which Miss Cons was associated.

At the annual meeting of the Edinburgh Hospital and Dispensary for Women, at which Lady Helen Munro Ferguson presided, Miss S. E. S. Mair unveiled a tablet to the memory of Dr. Sophia Jex-Blake, founder of the Hospital. The inscription on the tablet is "In affectionate remembrance of Sophia Jex-Blake, M.D., founder of this Hospital, to whose large courage, insight and constancy the admission of women to the profession of medicine in this country is mainly due. Dr. Jex-Blake was a Vice-President of the Society for the State Registration of Trained Nurses.

An interesting case which is shortly to come on in the Court of Session, Edinburgh, is the action raised by the Lord Advocate, on behalf of the Inland Revenue Commissioners, against James Allan of Greystone, Prestwick, Ayrshire, for £100, the amount of supertax on her income.

The defendant is expected to conduct her own defence, viz., that as the terms "individual" and "person" have been construed to mean male person in all statutes relative to public Acts, this meaning must be given to them in taxing statutes.

BOOK OF THE WEEK.

WIDECOMBE FAIR.*

The West Country and Mr. Eden Phillpotts set us aglow with expectation, so full is the one of romance, superstition, and primitive passion, so able the pen of the other to catch its lights and shades, to probe into its secrets, and to portray powerfully its characteristics. Dartmoor and its surrounding heights, the rural hamlet of Widecombe, the inhabitants of the hamlet, nothing beyond, nothing outside, give ample scope for a long, closely-written volume; none of it dull, all of it fresh, much of it burning, and yet, when all is said, only the simple chronicle of everyday, ordinary people—*only*, it is set forth by a nature-lover, further by a human nature lover, who will not allow the duller to be uninteresting, and is able to weave a web of romance around the most unlikely.

There is no special hero or heroine in this tale, the characters have an equal chance, none are neglected or set in the background.

The deathbed of Mr. Daniel Reep is told as follows:—

He is summing himself up before his departure. "None ever saw me bosky-eyed or even market-merry."

"No father."

"I hope, since it must be, that I drop afore Farmer Sweetland's wife up to Tunhill, because they'll put her in the churchyard just where I want to go if she cracks first. And I must have the same tombstone verse what old Billy Blades had:—

"'Twas in the blooming age of man
God took me from this wicked land."

He turned and sighed.

"All the same, I don't see why I should call it a 'wicked land,' and spring coming and all. How cruel well I know how it is all happening. The plovers be running about so saucy and the trout be moving and the frogs hollering. I know it all—to the song of the latest little cuddly-brown wren—but I shan't see, nor hear, nor smell none of it no more—damn it."

Margery's slow mind was traversing the tombstone verse.

"I bain't sure whether you ought to write 'the blooming age of man,' my old dear, not in your case, you be sixty-eight."

The women's question was not without its champions in this primitive hamlet. "Ah," said Miss Tapper to Mary Hearn, the postmistress. "If women could only get the world's money in their keeping the power would be theirs, every rich wife knows that."

"So it would, then," admitted Mary, "but the dratted men take very good care that we shan't. Look at our wages—look at mine. Shameful tyranny 'tis, for if I can do a man's work and

* By Eden Phillpotts. John Murray, Albemarle Street, London, W.

have got a man's headpiece, why the mischief shouldn't I have a man's money? No, it isn't us that earns money worth naming, 'tis the hussies gets men's money, not women like you and me. Men don't want females with brains. 'Tis the hateful, doubtful sort that get big money out of men."

"They be nasty wretches—I mean men in the lump."

The parish nurse in attendance on the wife of the old blind reprobate, Nicky Glubb, is worth an extract—or, rather Nicky's opinion of her.

"Nicky banned human life in general, and more particularly his present torment, the parish nurse."

"Moor stone be soft compared with her. I talk, I cuss, and I stamp, and she goes on her way like the angel of doom. And the Lord only knows what she is doing to you. If I had the money for it I'd get ten doctors to you instead of that Grenville and this parish beast. She be more like a steam-roller than a human woman. She've got no bowels—the hateful wretch."

"She's very clever, and saves me a lot, and soothes me when I dream. The dreams be properly awful, Nick. Big things grow small, and small things grow big."

"Nobody thinks of my belly. Yesterday I chanced to come across some stuff that terror was keeping for you, and she gave me——"

Oh, it is well worth reading, is this delightful study of humanity. H. H.

COMING EVENTS.

February 27th and March 20th.—Nurses' Social Union. Lectures by Professor Walker Hall, on "The Serum Treatment of Disease," illustrated. Pathological Department, Bristol University. 3.30 p.m.

March 1st.—Eugenics' Education Conference, University of London.

March 3rd.—The Infirmary, East Dulwich Grove, Opening of the New Nurses' Home by Sir Arthur H. Downes, M.D. 3 p.m.

March 5th.—Irish Nurses Association.—Lecture: "The Signs and Symptoms of Tuberculosis," by Dr. William Taylor, 34, St. Stephen's Green, Dublin. 7.30 p.m.

March 6th.—The League of St. Bartholomew's Hospital Nurses, Lecture: "Some Aspects of Juvenile Labour," by Miss O. I. Dunlop, D.Sc., Clinical Lecture Theatre. 5.30 p.m.

March 13th.—Meeting Central Midwives' Board, Caxton House, S.W. 3.30 p.m.

A WORD FOR THE WEEK.

"Enough if something in our lives have power
To live and act and serve the future hour,

And if, as toward the silent tomb we go,
Through love, through hope, and faith's transcendent dower,

We feel that we are greater than we know."

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

OUR PRIZE COMPETITION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I beg to acknowledge with many thanks the cheque for 5s., which I received on Friday, Feb. 21st.

I am so pleased to have won the competition. The questions are so helpful in making one think out methods and rub up one's knowledge, that I quite enjoy writing in my spare time.

Yours truly,

JOSEPHINE G. GILCHRIST.

Gilmore Place, Edinburgh.

THE PREMIER'S PROMISE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am pleased to see that Mr. Rendall, M.P., evidently framed his question to the Premier in the House of Commons on the Resolution which we passed so unanimously and enthusiastically at the Special Meeting of the Society for the State Registration of Nurses, on January 23rd, as it is part of it word for word. As one of the members who asked that the meeting might be called, I feel specially gratified at the result that the Premier has promised our Bill shall be considered. It is absolutely useless women thinking that without determinedly and very publicly expressing their views and feelings, Parliament will take the trouble to enquire into them. May I now suggest that we registrationists hold a Public Meeting in London at an early date, and send up a resolution to the Premier thanking him for his promise that the Nurses' Registration Bill shall receive consideration, and urging upon him the necessity that it should be passed at the earliest possible date, if decent women are for the future to adopt nursing as their vocation. I say decent, because you will have observed the most scandalous report of a case in the morning papers at the Clerkenwell Police Court, in which a woman called a "Nurse" was prompted to solicit in the streets by a procurer, because "you will get plenty of money in uniform"! Let this case and others be set out in all their infamy, to prove how our once noble profession is degraded in public opinion by the unrestricted exploitation of it by every sort of criminal. The ultimate and greatest sufferers under present conditions are innocent sick people, and it is the Government's duty to protect them, and also the trained nurses who care for them. As no other paper ever attempts to expose the scandalous condition of affairs as they are, or to help to remedy them, I

appeal to our own journal to work up a stirring meeting, as you say "the time is ripe."

Yours truly,

Letchworth,

CLARA LEE.

We warmly approve Miss Lee's proposition. Indignation does not express our outraged feelings when day after day we read of criminal women, thieves, prostitutes, and worse, flaunting our once honoured uniform in the gutter and police courts. We will have a Public Meeting, and one Resolution shall deal with the degrading frequency with which the criminal classes are able without any restriction to cover their villainy with the trained nurse's cloak. We feel sure such a meeting of protest would be widely attended by trained nurses and the public. We have reported the case to which Miss Lee alludes on page 172.—ED.]

THE PROPOSED NATIONAL ASSOCIATION OF NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—I am of your opinion that without the definition of what a trained nurse is, that is, without legal status, no one National Association of Nurses is possible at present. The Nursing profession (only it is not yet a profession) is cleft in two. On the one side those led by yourself, the Registration party, which stands for Organization by State Authority, and legal status, practical self-government, standardised education, just remuneration, international co-operation and reciprocity throughout the Empire—a fine programme and the only one worth having—and on the other hand, negation, and power of exploitation all along the line—for that is what the policy of the anti-registrationists amounts to. How are two parties of Nurses, one demanding justice for itself and the sick—and another which cares for nothing but individual security and promotion, irrespective of efficiency—to fuse? It can't be done, and so very speedily Mr. Pollitt will find out. The policy of the proposed new National Association will be opposed tooth and nail by the anti-clique—or, if its policy is emasculated to suit their taste—the progressives will have none of it. For myself, I am quite content to be a member of the Society for State Registration, and thus affiliated to, and a member of, the National and International Councils of Nurses, until such time as our Bill becomes law—when, no doubt, much more unity will be possible, but the fundamental principle must be self-government. Male and lay manipulation would be fatal to the stability and healthy growth of any such movement.

Yours truly,

HENRIETTA HAWKINS.

New Southgate.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—Will you kindly permit me to tell your readers that the replies "Yes" amount to 90, letters and post-cards all told:

that I expected many more, and arranged with our postmaster for a special forenoon delivery with extra care, and that I am refraining at the moment from drawing inferences.

I thank you for your leader in yesterday's issue, but I do wish you could put the importance of paying nurses adequately in front of registration.

Yours truly,

County Bank House, J. S. POLLITT.
Blackburn.

We put State Registration first because without the lever of legal status nurses have no power to help themselves. Education, salaries, discipline, all are at the mercy of employers who, in many instances, know nothing and care less for nursing as a profession, and the worker as an economic unit. Men with votes, professional and industrial, have claimed state protection, and what they find necessary working and voteless women require even more urgently. Our policy is, get adequate power and then use it conscientiously for the benefit of the whole community—nurses and patients.

We have received very interesting communications from Miss E. L. C. Eden and Miss F. C. Joseph on the Nurses' Social Union, as it is affected by this question, but as we wish to insert them in their entirety, defer publication until next week. Nothing proves the use of a journal more accurately than the number of its correspondents. We gladly welcome such expressions of opinion whether we as Editor agree with them or not, but unfortunately our space is limited.—ED.]

A HISTORY OF NURSING.

An Appreciation.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—I am the proud possessor of the four volumes of Miss Dock's monumental work, "A History of Nursing." It contains within itself a mine of information, which will be of the greatest value to present and future nurses of all the world. When we realise all that is involved in producing this classical work in so short a time, I think we cannot but feel that we owe the greatly gifted authoress a debt which we shall not desire to cancel. Is it not one of the beautiful products of our beautiful Internationalism? Nothing has been spared to make it at once attractive and instructive. In the numerous photographs which so considerably enhance its interest, many pleasant memories are recalled. We meet again old friends and acquaintances, some by repute, others real and valued. Those who have long passed beyond the veil of sense perception, very wholesomely remind us of the superb courage and selflessness of the women who devoted their lives to what was then an unpopular and most unattractive calling. I agree with Miss Breay, the only fault to be found with this valuable work is that no photograph of the authoress embellishes its pages, a disappointment which will be felt by all who know her. They know, however, that this eclipse of herself is

characteristic of her. The cost of the book—little enough when one thinks of its intrinsic value—will prevent many nurses from buying it outright. To them I would say, "Get a money-box *at once*, and drop into it every coin you can spare, and on the day that you are able to purchase it you will be able to count yourselves happy women!" I hope the day is not far distant when English-speaking nurses at least will feel ashamed to say they have not heard of "A History of Nursing." It ought—and I have no doubt it soon will—have a place of honour in every institution where nurses are gathered together. The chapter on "Great Britain and Ireland," being an epitome of our own Nursing history and professional evolution, I have read with avidity.

The birthright of freedom of conscience, and the legal right of freedom of speech, were not recognised as *female* rights sixteen years ago, or, at the most, they were very grudgingly allowed under compulsion. Hence the battles lost and won as described in Volume III. In reviewing the past, and contrasting it with the present, it is gratifying to reflect that some progress has been made in this respect. An act in the drama of my own professional career will serve to demonstrate the tyranny from which the individual nurse was liable to suffer in those days, and her inability to obtain redress.

I was employed as District Nurse in Dublin (Q.V.J.I.) at the District Nurses' Home, in Stephen's Green. On one occasion Archbishop Plunket—at that time Chairman of our Committee—had for his guest the late Archbishop Benson of Canterbury. After a special service held in St. Patrick's Cathedral on Sunday, which we all attended, it had been arranged that the two Archbishops should come to tea in our large and pretty drawing-room, with other guests of their company. This they did, and in such distinguished company we nurses took tea in happy fraternal fellowship. The occasion was a memorable one. The Superintendent was present and enjoyed the afternoon as much as we did. No one could have foreseen, least of all the victim, any unpleasant sequel! That same evening I started for my holiday to Howth, a pretty suburb. I wrote an account of the occasion and sent it to the *Hospital* (N.B.—I regret to say that I did not know of our *JOURNAL* in those days). Owing to the sudden death of Archbishop Benson, who had left Dublin to be the guest of Mr. Gladstone, my article was modified and produced in abridged form. Thereupon I received a wrathful letter from the Superintendent for my presumptuous conduct, and upon my return I was told solemnly by the maid who opened the door to me, that my presence was required immediately in the Superintendent's office. As I came before the tribunal of injustice, I clearly saw that my case was a bad one. I had dared to write to the press without consulting her! (I was unaware of any Draconic law forbidding such harmless action.) My offence was unforgivable. It was a case of summary jurisdiction of the *Supreme Court*—*I must go!* Among

the rules concerning the conduct of nurses, there was one to the effect that only those who had committed grave offences could be dismissed. So this was a grave offence! I was moreover told by this lady that I must write to the Secretary and tell him I was *resigning!* Thus I refused to do, and replied that I should tell him the truth. This I did by letter, expecting it to be produced at the next Committee meeting. I received no reply, and I was allowed to go. Possibly the letter was suppressed. Further comment is useless. I suppose it would have been the same if I had been only half through my district training. I may remark that I had had between three and four years' training, the Superintendent had received but one at Addenbrooke's, Cambridge. The sympathy and kindness which I received from my fellow nurses was balm to my wounded spirit.

Such tyranny would have been impossible if we had had State Registration. There would then have been a Supreme Court of *Appeal*.

BLAIRICE KENT.

Colosseum Terrace, N.W.

MATRONS AND THE RANK AND FILE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It surprises me very much that you should publish such an intemperate article as that appearing over the name of "Albinia Brodrick" in last week's issue of THE BRITISH JOURNAL OF NURSING.

Matrons can scarcely be expected to recommend such a journal to their own, or any other nurses. Certainly I for one shall cease to do so.

From this and other articles it is evident that Miss Brodrick has still to learn that the sum total of human imbecility or wickedness cannot logically be regarded as the average share of the individual, and until she does so I think that her ideas are not such as can with advantage be generally promulgated.

I am, yours faithfully,

LUCY RAMSDEN.

Rotunda Hospital, Dublin.

[The last of the articles on "Impressions of Nursing in the United States," contributed by the Hon. Albinia Brodrick to this journal, appeared on February 15th, and we are compelled to own that her comparison between the average American matron and many in this country is, unfortunately, true. In Ireland the matrons of the Dublin hospitals have taken their right position, and have always been in the forefront of all progressive nursing movements. It has not been so in England, where their attitude has in many instances been disastrously reactionary and injurious to the best interests of the nursing profession as a whole. It is useless to boycott a newspaper which reflects public opinion. It is one of a newspaper's most important duties that it should do so. Miss Kent's letter in this issue is curiously apposite to the matter under discussion. The attitude of mind and conduct of the Superintendent referred to is exactly that condemned by Miss Brodrick.—ED.]

The Midwife.

TWIN PREGNANCIES.

The following are notes of cases of twins delivered in the Cama and Allbless Hospitals, Bombay, during December, 1912:—

I.

17.12.12.—MARY, Goanese, 18 years. Admitted 4 a.m., 17th; pains began 2 a.m.

Admitted with dilatation large wineglass; membranes ruptured before admission; full dilatation 4.30 a.m.

First Child.—Delivered 5 a.m., 4 lb., 16 in., cord 16 in.

Second Child.—Delivered 5.10 a.m., 3½ lb., 15½ in., cord 15 in.

Primipara.—Perinæum intact; no hæmorrhage; gave history of œdema of legs for nine months, and scanty micturition. All did well. Both children female.

II.

22.11.12.—AVABAI, Hindu, 30 years. Pains began 10 a.m. 22nd, fully dilated 3.15 p.m. Membranes ruptured 3.25 p.m.

First Child.—Female. Delivered 3.15 p.m. 4 lb. 8 oz., 15 in., cord 17 in.

Second Child.—Male. Delivered 3.25 p.m., 4 lb. 2 oz., 16 in., cord 20 in.

First vertex, second breech; placenta 1 lb. 12 oz. History of rigor and fever two days. 4 p.m., T. 105.4; 6 p.m., T. 102. Cough and œdema of legs two months. Respirations very hurried and irregular. Normal saline given subcutaneously, one pint. Adrenalin Mxx hypodermically. Died 6.45 p.m. 22nd. Female child died 20th. Male child sent to the Nasik Home 27th.

III.

27.12.12. (2 a.m.).—ASHABAI, age 24. Dilatation size of rupee (a rupee is about the size of two-shilling piece).

Membranes ruptured 5.45 a.m.; full dilatation 7.30 a.m.

First Child.—Delivered 8.15 a.m., 4 lb. 12 oz., 16 in., cord 18 in.

Second Child.—Delivered 2.15 p.m., 4 lb. 14 oz., 16 in., cord 18 in.

Both female. Placenta, 2 lb., removed 3 p.m. by hand, being adherent. Uterine douche given. All discharged well.

It is remarkable that of these children and of those in the case of triplets recorded last week, nine in all, only one is male.

S. G. TINDALL,

Lady Superintendent.

(President Trained Nurses' Association of India.)

CENTRAL MIDWIVES' BOARD.

A meeting of the Central Midwives Board was held at the Board Room, Caxton House, on Thursday, February 20th, when letters were received from the Royal Colleges of Physicians and Surgeons and the Society of Apothecaries, announcing that Sir Francis Champneys, Bart., M.D., Mr. Golding Bird, F.R.C.S., and Mr. E. Parker Young, L.S.A., had been reappointed for the year ensuing, from April 1st next, as the representatives of these bodies respectively.

REPORT OF STANDING COMMITTEE.

In connection with the Report of the Standing Committee, a letter was received from the mother of a candidate who had tendered a false and fraudulent certificate of birth when endeavouring to enter for the examination of February 10th, 1913.

The Standing Committee were of opinion that the falsification of the certificate was done without the candidate's knowledge, and under these circumstances they recommended the Board to allow the candidate to present herself at the next examination after her twenty-first birthday, according to the birth certificate from Somerset House, and that the mother be informed that a person falsifying a certificate renders himself or herself liable to a penalty of twelve months' hard labour. Also that Training Schools should be advised to satisfy themselves that the dates on the birth certificates of pupils have not been tampered with.

A letter was received from the Medical Officer of Health for Leicester, suggesting that a midwife's remuneration should be a first charge upon the Maternity Benefit payable to her patient.

It was agreed that the Medical Officer of Health for Leicester be informed that the Board has no power to deal with the payment of midwives.

A letter was received from the Secretary of the Wigan and District Guild of Midwives calling attention to the frequent cases of midwifery practice by uncertified women in the Borough of Wigan. It was agreed that the Secretary of the Wigan and District Guild of Midwives be informed that an amendment of the Midwives Act by the omission of the words "habitually and for gain" is highly desirable, and that the Board has made repeated suggestions to this effect.

A letter was received from the Clerk of the West Sussex County Council asking the Board's opinion as to whether in the circumstances mentioned a woman acts as a midwife or as a monthly nurse. It was agreed that the Clerk of the West Sussex County Council be informed that the question depends upon the fact as to which of the two is engaged to attend the labour *if normal*.

A letter was received from the Clerk of the Cheshire County Council, forwarding an extract from the Minutes of a Meeting of the County Council held on February 13th, 1913, with reference to proceedings contemplated against an uncertified woman practising as a midwife.

It was agreed that the Clerk of the Cheshire County Council be informed that an amendment of the Midwives Act by the omission of the words "habitually and for gain" is highly desirable, that the Board has made repeated suggestions to this effect, and that if this were done prosecutions under the Act would probably be undertaken within the time limit of the Summary Jurisdiction Act.

A letter was received from the Honorary Secretary of the Buckland District Nursing Association, Devon, as to the undertaking of cases of tuberculosis by district nurses practising as midwives.

It was agreed that the Honorary Secretary of the Buckland District Nursing Association, Devon, be informed that the case is covered by Rule E 5.

APPLICATIONS.

The applications of ten midwives for removal from the Roll on the grounds of old age, ill-health, and inability to comply with the rules were granted.

The application of Dr. David Hepburn, Professor of Anatomy at Cardiff University, for recognition as a teacher was granted for anatomy, jointly with Dr. Maclean.

The applications of the following registered medical practitioners for approval under Rule C 1 (2) were granted *pro hac vice*: Dr. Richard Davidson, Dr. Joseph Rickards, and Mr. John Frederick Twist, L.S.A.

The application of Miss A. D. Murphy, Superintendent of the Training Home, Worcester, for approval under Rule C 1 (2) was granted.

REPORT FOR THE YEAR.

The Chairman stated that a report of the work of the Board for the last year had been prepared and would be made public at a later date.

REPORT OF FINANCE COMMITTEE.

The Chairman stated that there was a larger yearly deficit than usual, which was due to the extension of the work of the Board, especially the penal work. This again was due to the fact that the Local Supervising Authorities were taking more interest in looking after delinquents.

OTHER BUSINESS.

The Secretary then read a letter addressed to Miss Paget concerning the suspension of a midwife making the following statement:

"Nurse Gwen Davies, village nurse midwife at Penrhynside, near Llandudno, was called to a woman who had been attended by an untrained gamp, and who was pronounced to be suffering from puerperal fever.

"On November 7th the Inspector of Nuisances and Sanitary Surveyor, County Offices, Conway, wrote to Nurse Davies and asked her to communicate with Dr. Travis, the Medical Officer of Health for Llandudno on the matter.

"On December 3rd Dr. Travis wrote to Nurse and told her that she must cease from attending any other confinement cases for a month.

"On December 31st he wrote again certifying that she was able to resume her midwifery.

"Dr. Travis had no authority for suspending the nurse, and during the interval the local association was unable to carry out their agreement with four cases for which her services had been engaged."

The Chairman said that the point of the prolonged suspension of midwives had come up from time to time. The policy of the Central Midwives Board was embodied in Rule F. The period for the disinfection of a midwife, in respect of herself, her appliances, and her clothing, was usually 24 hours, and if for any reason a longer suspension was required by the Local Supervising Authority, the fact and the reason for it should be reported to the Board. This suspension was not reported to the Board, nor had the Local Supervising Authority any knowledge of it.

The Board had no jurisdiction over medical men, but it had some power of protecting the midwife. It was, said the Chairman, determined to uphold any midwife who, after adequate disinfection to the satisfaction of the Local Supervising Authority, resumed work, even though prohibited from so doing by the local authority.

THE ROYAL MATERNITY CHARITY.

The Annual General Meeting of the Royal Maternity Charity of London held on February 12th reassembled on February 10th at 31, Finsbury Square, London, E.C., as a Special General Meeting to consider the motion put by Mrs. Lee and seconded by Miss Rosalind Paget, "that the Royal Maternity Charity 'letters' may be used for assured persons who are the wives of casual labourers, or are themselves casually employed, and in needy circumstances; either as free cases or for the 'letter' to be used as part payment of the midwife." Mr. Thomas Whittington presided.

Captain Tasker, speaking as the Chairman of the General Committee suggested that the resolution should be withdrawn as it was open to the construction that it was a vote of censure on the Committee.

The Chairman of the Meeting was of opinion that the resolution did not involve any slight to the Committee.

Captain Tasker thought that it should be left to the General Committee during the next year to determine cases on their merits. He was sure that all, both those who were in favour of the motion and those who were against it were in accord in wishing to help the needy, but at present there was a great deal of confusion in regard to the Insurance Act, and it would be wiser to leave the General Committee to act as they thought fit.

The Chairman said he was willing to give every facility for the discussion of this motion to which

he was strongly opposed. He believed it to be against propriety.

The Chairman then asked Mrs. Lee whether she wished to move her resolution, and on Mrs. Lee's rising to speak he asked did she move it or not, he did not want another speech.

Mrs. Lee formally moved the resolution.

Miss Rosalind Paget, who seconded it, said that she noticed if a committee wished a resolution withdrawn they treated it as a vote of censure. She disclaimed this as the intention of the resolution before the meeting on her own behalf and that of the proposer.

The Rev. Charles Clark said that as Rector of a poor parish he was in favour of getting help for as many people as possible, but the committee felt that with so many people withdrawing subscriptions, if they could say they were only giving letters to the very poorest of the poor they would go to the public with a stronger case. He was not against the resolution unless it was going to be a hindrance to the Charity's getting funds.

The Chairman said they must deal with this matter emphatically, seriously. He believed as a lawyer that it ought not to be put before the meeting; he believed it to be *ultra vires* and unbecoming to the Charity.

In regard to the question of part payment mentioned in the resolution Major Killick said that the Charity had always paid the midwives 5s. on each letter; the letters were, in fact, vouchers for payment. It assured persons in needy circumstances received the letter of the Charity its value to the midwife would be 5s. and she would then charge the patient an additional 7s. 6d., not the 12s. 6d. which she could claim under the Insurance Act. (N.B.—Neither the Insurance Act nor the regulations of the Commissioners contain any provision defining the midwife's fee, or for making it a charge on the maternity benefit, this is only done in the case of the medical practitioner.)

The Chairman said this would be getting behind the Act in a way which in his opinion was grossly illegal.

Mrs. Owens said that she was at present attending a case in which a free letter had been given by a Governor of the Maternity Charity; both husband and wife were insured persons and she had two certificates put before her as midwife to sign, entitling them conjointly to £3. Was it right that the midwife should only have a 5s. fee for a case of that kind?

Dr. Sunderland then reported what was being done by other lying-in charities, and said that, taking this into consideration, and the views of Mrs. Lee and Miss Paget as shown in their motion, which appeared to him to be based on sound common sense and to show a clear and intelligent grasp of the situation, he would like to offer an amendment, or would prefer Mrs. Lee and Miss Paget to withdraw their motion and accept it because it embodied their own views, and went a little further. It was:

"That it be a recommendation to the General Committee that as soon as it is expedient they

shall consider (1) the suggestions of Mrs. Lee and Miss Rosalind Paget as embodied in the minutes of the Annual Meeting held on February 12th (2) the statement of Dr. Sunderland put forward at this meeting, and shall consider whether it is advisable to formulate a scheme for the attendance of insured women by the midwives and doctors of the Charity."

This was seconded by Mr. William Grayson.

Dr. Sunderland thought that the Charity should endeavour to get into line with other Lying-in Charities such as the City Road Lying-in Hospital which was charging 7s. 6d. for out-patients insured under the Act, and making arrangements with Approved Societies to hand over the money direct to the Secretary. It was important to keep up the number of patients, otherwise subscriptions would fall off. Also they must have material to carry on the teaching school, and he was informed by Major Killick that, apart from the tangible profit to the Charity the School did good by advertising it through the medium of the pupils who went forth speaking well of it, thus sometimes influencing subscriptions.

Major Killick being requested to state his views said that he regarded the question from the point of view of the Charity. Where husband and wife were both insured the question of one of the Charity's letters need not be considered. But there were many cases of undoubted hardship. He instanced one in which a woman, whose husband died in December, was confined in January. Although his card was fully paid up the Insurance Society would not pay the widow the maternity benefit which, if alive, he could have claimed. It had been the proud boast of the Charity that during the last 157 years its letters had been absolutely free, but during that long period it had not had to face the peculiar situation created by the National Insurance Act.

Mrs. Lee and Miss Paget then expressed their willingness to withdraw their resolution and to accept Dr. Sunderland's amendment. This was then put as the substantive motion and carried *nem con.*

MATERNITY BENEFIT IN IRELAND.

The Local Government Board (Ireland) has circularised the Boards of Guardians throughout the country emphasising the duty of Guardians and relieving officers to satisfy themselves that applicants cannot otherwise obtain aid before issuing tickets for free medical attendance and medicine. The Board points out that in a number of cases recipients of the maternity benefit under the Insurance Act will not be entitled to relief from the rates, but that on the other hand there may be many cases of exceptional poverty concerning which this view could not be maintained. The Board further suggests that Boards of Guardians should try to make arrangements in respect of the fees of the medical officer and midwife, bearing in mind that the Maternity Benefit of 30s. is intended to provide comforts in addition to skilled attendance.

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EDITED BY MRS BEDFORD FENWICK

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Vol. L.

EDITORIAL.

ARTIFICIAL *VERSUS* FORCIBLE FEEDING.

The revolting practice of forcible feeding of women, in prison for conscience sake, who refuse to take the food supplied to them, is one of which the danger must be apparent to every experienced nurse, a danger which—notwithstanding all statements to the contrary—has been proved by the frequent release, by order of the Home Secretary, of women sentenced to terms of imprisonment, because of the critical condition of their health. The case which has recently occasioned most comment is that of Miss Lenton, the extent of whose injury is not divulged, but who was so critically ill that a doctor as well as a wardress accompanied her from the prison to her destination. This is a striking demonstration of the fact that forcible feeding, as administered in our prisons, to resisting victims, is dangerous to life.

To the trained nurse the fact which differentiates the feeding by tube of patients in hospital, and the forcible feeding of prisoners, lies in the word forcible. No nurse will deny the value of feeding by tube whether through the mouth or nose in certain cases. She has too often seen the life of the child with diphtheria saved, the life of the patient with stricture of the œsophagus prolonged by it, to do other than believe in its efficacy. But, the moment that the factor of force is introduced every fibre in her will protest—backed by all the strength not only of her humanity, but of her professional conscience—against the application of force in treatment which, if it is not to be dangerous, must be characterized with the greatest gentleness.

One of the first things impressed upon a nurse in training, who is entrusted to perform any office for a patient, is that, in using any appliance in connection with a mucous

membrane lined passage, the very greatest care must be exercised. No force of any kind must be used, and if a tube—be it a nasal, vaginal, uterine or rectal tube—a catheter, or the nozzle of an enema syringe does not pass quite easily, it must be at once withdrawn. It may have been unskillfully introduced, the size may be too large, or there may be some malformation in the patient obstructing its passage.

In the case of an adult sane patient, in hospital, resistance is practically unknown. The necessity for the use of the appliance is explained, and he or she, co-operates with the nurse in the use of a method which, skilfully performed, is painless if unpleasant. In the case of a sick child a little coaxing generally suffices.

But compare the ordinary dextrous routine practice connected with a nasal feed, as administered in a hospital ward, with the horrible procedures daily enacted in prison cells, where a resisting person in good health is pinioned, gagged, held down by a number of wardresses—not trained nurses—and fed forcibly. Does such food, often rejected shortly after it has been forced down, nourish the person to whom it is administered? We doubt it. In any case the process of digestion, and consequently the power of assimilation, must be seriously impaired by the mental disturbance undergone. The effects of a disturbed mental condition on the digestive system is very marked, a well known instance being the frequent repulsion to food of a person who has received bad news, or sustained sudden bereavement.

It is stated in justification of forcible feeding that it is "the only alternative" where the hunger strike is adopted in prison. This is not true of women Suffragists. What they demand is government by consent. It is high time that it was conceded, and that methods of barbarism ceased.

CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. KNYVETT GORDON, M.B. Cantab.

NEURASTHENIA.

(Continued.)

We have seen that the main symptom of neurasthenia is tiredness and disinclination for work, and that this is coupled with irritability, loss of appetite, and insomnia. This feeling of tiredness often shows itself in an utter inability to concentrate the mind on the purpose of the moment, and this is sometimes combined, especially in women, with a vague and altogether unjustifiable dread of the future.

How are we to treat such a case? Let us go back to our analogy of the big shop. The way to put the working of the business right is to take away its head for a time, during which the daily routine of the shop is confined to simple—"reflex"—buying and selling. After a week or so, the head of the firm comes back refreshed, and all is well—provided, that is to say, that he has gone away in time. Obviously the very worst thing possible would be to tell him that it was all nonsense, and he had better stay in the shop and work harder.

And so it is with the human machine. We want to take the brain away. Since we cannot do that, the next best thing is to put the patient in such a state that the brain has no work to do, while we restore its lost energy, or rather take away its tiredness, by supplying it with all the nourishment that we can.

So the first essential is to insist that the patient's surroundings shall be at once changed, and that he shall go away from his ordinary routine. In slight cases it suffices that he should hand over his business to someone else, and go away to a bracing climate and do nothing but eat, sleep, and take gentle exercise. Incidentally, it is essential that he should not get too tired physically. Many people under these circumstances take violent exercise, which is distinctly harmful—at first, at all events.

If he can eat and sleep when he is away, we know that the cure is working and that the outlook is good.

But it sometimes happens that the mischief has gone too far for this, and when he goes away he cannot sleep for worrying about the work that he has left. In such a case it is useless for him to continue; something more must be done.

Now the only way in which energy can be restored to the tired brain is by giving it plenty of nourishment, and we must, therefore, first make the patient hungry.

To do this, we place him in absolute seclusion away from his relatives, and from any possible communication with his business. We put him to bed, therefore, in a nursing home or other suitable place, and forbid him to read, write, receive letters, or talk. That at once cuts off any necessity at all for the sending of telephone messages by his brain cells. The drain on the energy is therefore stopped.

Now the best way of making a man want food is to tire his muscles; when they are tired they, unlike the brain, call out for nourishment, so we give him massage.

This consists in kneading and stretching his muscles so that they are at work, but are not receiving nervous impulses telling them to work. After a time, the patient feels comfortably tired and hungry. Probably he will sleep, but, if not, it is best to start him with a mild "sleeping draught," but inasmuch as it is not desirable for him to know that sleep can be summoned at will by drugs, we do not give it him at night, but three times a day, and we tell him that it is a tonic. For this purpose there is nothing to equal bromide of ammonium in doses of about 20 grains after each meal.

We now commence to overfeed him, and this may often be done by giving him a tumblerful or two of milk between each meal in addition to his ordinary diet. But many people cannot take milk in these large quantities, and we have to substitute other things. Of these there is probably nothing to equal Virol, which is a compound of fresh eggs, malt extract, and glycerine extract of bone marrow, all made into an exceedingly fine emulsion, and rendered palatable with lemon juice. It contains, therefore, a large quantity of fat, which is so easily digestible that the patient does not realise that he is being overfed, and it is the fat in a diet which is most useful for the restoration of nervous tissue. The other constituents are also useful. We can give him his Virol in milk, or spread on bread and butter, or made into sandwiches.

A word of caution should be here inserted against the indiscriminate use of concentrated *protein* foods in cases of neurasthenia: they throw much too much strain on the liver and kidneys, and often lead to the evils associated with high arterial tension.

After a week of this treatment the patient generally feels much better, and we can allow him to read, or perhaps see a few tactful friends. In most cases, three weeks of seclusion will effect a cure, but it is better to send the patient away to the seaside, provided that a bracing locality be selected (and some seaside

places are as depressing as a town), before he returns to work.

The obvious drawback to such a course of treatment is that it is expensive, but unfortunately it is the only method that is of any real value, and the case of the neurasthenic who cannot afford it is really a very difficult one. Drugs by themselves are of very little value: sometimes we can make a person eat by tonics, and sleep with bromides, but the worst cases do not react to these, and failing charitable intervention, the sufferers are very prone to drift until a breakdown, resulting in some form of insanity, occurs. And this is very often the best thing that can happen. The insane person is often quite happy, the neurasthenic miserable, and while the State is powerless to prevent insanity, it takes care that the subsequent stable is most comfortable, and the door tightly shut. Some day I suppose that the man in the street, whose opinion ultimately rules everything, will see that it is more economical to prevent insanity than to seclude its victims.

I have often wondered that it has not struck the mind of some multi-millionaire of philanthropic instincts to build at the seaside somewhere, or among the hills, a rest cure house for those who cannot afford the nursing home. The good that he would thereby do is incalculable.

One has to realise that what a neurasthenic craves for is anæsthesia of some kind or other. To the poor the cheapest anæsthetic is alcohol, and that is generally why they take it, and not because they are possessed of the devil. Some people—and they are the fortunate ones—find anæsthesia in one or other of the more definitely denominational forms of religion, and often save themselves a breakdown thereby, and this is one reason, to my mind, why any attempt by the State or the so-called "march of intellect" (whatever this may mean) to manufacture an "undenominational" variety of religious education is mistaken. Such a creed is a very poor anæsthetic.

But we are, after all, beginning at the wrong end in talking of the treatment of neurasthenia at all. It is true that we cannot prevent those cases in which a shock, or severe illness, has been the cause of the breakdown, but these as a rule are not the most difficult to deal with. Can we do nothing to prevent the gradual wearing out of the brain cells that occurs in the cases of less sudden origin?

Generally it is not the people who work hard that break down so much as those who do not know how to work. And this is really a

question of education. Too many schools aim rather at teaching a child so many facts, when they ought really to be showing him how to acquire knowledge for himself, and this, again, often means that what he wants to learn is how much he can safely leave out as unimportant. The successful man is he who never troubles about the useless, and he has no "nerves." Much can be done, however, by teaching a person who is inclined to neurasthenia how to concentrate his attention on the subject on which he is for the moment engaged to the exclusion of all others, and this can be done by practice.

OUR PRIZE COMPETITION.

HOW WOULD YOU DEAL WITH A CASE OF SUSPENDED ANIMATION AFTER SUBMERSION IN WATER?

We have pleasure in awarding the prize this week to Miss Amy Phipps, North Side, Clapham Common, S.W.

PRIZE PAPER.

In treating a patient suffering from the effect of submersion it is essential that all efforts be directed to counteract the shock which is always present, it seeming as though the whole nervous system were for the time paralysed. The doctor should be summoned immediately. Pending his arrival, the mouth should be cleared of mud, &c., and artificial respiration should be persevered in, with the various methods of which every nurse is acquainted. In some instances massage or electricity is employed; and brandy or strychnine may be ordered to be injected hypodermically. As soon as possible the wet clothes should be removed, and should be replaced by hot blankets, and hot bottles or hot bricks should be applied. When consciousness is restored, hot milk or strong coffee may be given.

The patient should be kept at perfect rest and quiet in a darkened room. The character of respiration and pulse should be noted, the latter being the chief guide as to the amount of shock present. Any sudden noise must be carefully avoided.

The temperature will probably be subnormal at first, but in a favourable case will rise shortly, as reaction sets in.

The bowels should be induced to act as soon as possible, such a drug as calomel being beneficial, having usually a speedy effect; any motion, urine, or vomit passed should be saved

for examination. Saine is sometimes ordered to help to counteract shock, either continuous or per rectum; and such things as strong coffee, &c., may be given by mouth. Vomiting is often a favourable symptom, as helping to get rid of the dirty water which has probably been swallowed.

The chief complications are compression or concussion of the brain, the latter being the most common. For this reason absolute rest and quiet are necessary, the patient being kept as far as possible in a recumbent position.

Ice bags may be ordered by the doctor, or iced water by Leiter's tubes; by the latter an even flow of iced water is applied to the head. In giving same, a piece of lint should be applied immediately next to the head, especially if the head has been shaved.

If an ice bag is used it should be seen that it is not too heavy, and that it always contains ice; otherwise, the water gets warm, and does harm rather than good.

Any wounds should be noted and reported to the doctor, who will probably order antiseptic dressings. Should there be any scalp wound, very great care must be taken in moving the patient, to avoid the danger of compound fracture.

In applying hot bottles, care should be taken to prevent burning, the patient being particularly susceptible to heat, the bottles should be well protected by flannel bags.

After consciousness has returned, it is usually best to keep the patient from the sight of water for some days. He should be kept warm, and nourishing food given, and in a favourable case recovery is rapid and sure.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. M. Barton Tharle, Miss Katherine Parry, Miss Gladys Tatham, Miss Emily Marshall, Miss Hannah Scott, Miss M. Barclay, Miss A. O'Donoghue.

Miss Tharle points out that where shock is the cause of death, "the skin is pale, the face placid, and there is no water in the lungs, because no attempt to breathe has been made, and it is because the lungs are free that slight cases of shock are more hopeful than cases of asphyxia.

"It is most important to begin artificial respiration immediately the body is taken from the water. The length of time that a body completely deprived of oxygen can live is uncertain; some say death results after three minutes of submersion, but artificial respiration must be continued for fifteen minutes, or even longer, although all signs of breathing have

apparently ceased, the pulse is imperceptible, and the pupils are widely dilated—the usual indications that death has occurred. Even with all these signs resuscitation may be possible, and should not be given up till the temperature of the body has fallen about 15° below the normal. A person has been resuscitated after several hours of suspended animation."

Miss Tharle then gives a lucid description of the various methods of artificial respiration—i.e., Marshall Hall's, Laborde's (for cases in which the ribs are fractured), Sylvester's (for cases of fractured arm and ribs). She adds that in cases where the patient was immersed in foul water and has swallowed some, an emetic should be given as soon as he can stand it.

Miss K. Parry says that as soon as the patient is conscious and capable of swallowing he must be stimulated with hot milk, strong coffee, or tea.

Miss Gladys Tatham suggests that once respiration is fully re-established, the patient should be put to bed between blankets, and gently rubbed all over with warm towels.

Miss Emily Marshall points out that a person who has been suffocated by drowning will be black in the face, the veins of the neck and arms will be swollen, and the heart cannot be felt. In the struggles of a drowning person water is drawn into the lungs, and the result is suffocation.

Miss Barclay points out that brandy may be given hypodermically, and a rectal injection of black coffee and brandy may also be given. Also that for some days after immersion the patient should be treated with great care lest pneumonia should develop.

As after-treatment indicated if there is any distress in breathing, Miss Scott suggests a mustard plaster on the chest, and on the back below the shoulders. External warmth, artificial respiration, and friction are, in the first case, the three great agents toward recovery.

QUESTION FOR NEXT WEEK.

What is the distinction between abortion, miscarriage, and premature labour?



WELCOME HELP.

The President of the Society for State Registration of Trained Nurses gratefully acknowledges the following donations: Mrs. Bassnett Preston, £2 2s.; Anon., per Miss Brey, £2; Mrs. Lanelet Andrews, £1; Mrs. Robson, 10s.; Miss E. L. C. Edon, 10s.; Miss Fawkes, 5s.; Miss F. Hoddinott, 5s.; Miss Beatrice Kent, 5s.; Miss M. L. Culverwell, 4s.; the Hon. Albinia Brodrick, 2s.; Miss C. MacCarthy, 1s. 6d.; Miss A. L. Ross, 1s.

THE NATIONAL COUNCIL OF TRAINED NURSES.

On Thursday, the 27th ult., "in all reverence and gratitude," a beautiful chaplet of laurels tied with purple ribbon was placed on the grave of Mrs. Elizabeth Fry, in the Friends' Burial Ground at Barking, by representatives of the National Council of Nurses, to commemorate her first visit to Newgate Prison in 1813. In this age, when reverence and gratitude are not, as in the past, prominent characteristics of our people, it is well that the Nursing profession should cling to them, and in so doing realise the happiness to be derived from appreciating and emulating the splendid example of those great and generous pioneers who have made smooth for us so many stony pathways. The Council was represented by Mrs. Fenwick, Miss Cutler, Miss Hulme, formerly Lady Superintendent of the Devonshire Square Institute of Nurses, and Miss Foster, formerly a sister on the staff founded by Elizabeth Fry, Miss Elma Smith, and Miss B. Kent. The little party was courteously received at the Friends' Meeting House by the Secretary, Mr. H. R. Steele, who conducted them to the graveside, marked only by the uniform little stone, on which her name is inscribed with that of her husband, and beneath which rests all that was mortal of this very noble lady.

THE INTERNATIONAL AT SAN FRANCISCO.

Miss L. L. Dock, Hon. Secretary of the International Council of Nurses, sends a most interesting note of proposals for the 1915 Congress at San Francisco. Dr. Helen Parker Criswell—who is a certificated nurse as well as medical woman, has been made Chairman of the Arrangements Committee in California. This is a first-class appointment, as she is a most energetic, public spirited woman, who will surely make things happen. The World's Panama-Pacific Exposition Committee is eager to arrange the affairs of the International Council of Nurses according to their wishes, and it is hoped to fix up the date of the meeting for early in June, 1915. All sorts of suggestions are floating around. Trained Nurses' Day is assured—when our profession will be specially honoured by the Exposition authorities. A Nurses' Building in the Fair grounds has been proposed. That would be delightful. It would be a real hive of nursing energy, a most delight-

ful meeting place. Conference Halls large and small will be secured, and if all goes as desired and anticipated by our American colleagues, the 1915 International will be very wonderful and entrancing. Everyone who is anyone in the Nursing world must make an effort to be there. The World's Fair is to be truly magnificent, and will be an education in itself. The street of amusements is being worked out, and is certain to excel the "Midway" at Chicago, and the "Pike" at St. Louis.

THE MISUSE OF NURSES' UNIFORM.

PUBLIC MEETING.

The Public Meeting to protest against the Misuse of Nurses' Uniform will be held on Friday, the 14th inst., at the Medical Society's Rooms, 11, Chandos Street, Cavendish Square, W., at 8 p.m., at which Dr. Chapple, M.P., will preside, and it is to be hoped that the room will be crowded by those interested in preventing its abuse. Mrs. Bedford Fenwick will move a resolution of protest, calling the attention of the Government to the very grave injury suffered by the nursing profession as a whole in the estimation of the public, by association with persons of immoral character, who constantly appear in the dock in nurses' uniform.

The resolution will also thank the Premier for his promise that the claims of the Nurses' Registration Bill shall receive consideration, as in the opinion of those supporting the Bill legal status for trained nurses is absolutely necessary, if they are to protect themselves and the public from exploitation by ignorant and criminal persons.

It is not too much to say that recent revelations in the police courts and the press have horrified the nursing profession, and that they feel strongly that thieves and base women, who wear nurses' uniform in the dock with the intention of arousing sentimental consideration for their crimes, and sentences, should be prohibited from doing so.

Then the degradation of their cloth by prostitutes on the street and white slave traffickers, is another abomination which should be put down by the police. We have seen bleary-eyed, yellow-locked Delilahs, with their bonnet strings cocked up under one ear, on the prowl. The fact is that the widespread abuse of the trained nurses' uniform is making it impossible for delicate-minded women to wear it. It used to be a protection; now it is rapidly becoming a disgrace.

THE WHITE SLAVE TRAFFIC.

A meeting was held at Chelsea Infirmary on the evening of February 26th, on the subject of the White Slave Traffic.

Miss Stansfeld, Superintendent Lady Inspector L.G.B., was in the chair. There was present a large audience, principally composed of members of the Poor Law Infirmary Matrons' Association and of the Chelsea Infirmary Nurses' League.

Mrs. Florence Willey, M.D., gave a most interesting lecture. She said in speaking of the White Slave Traffic we must call a spade a spade—it is an organized commercial arrangement for procuring a sufficient number of young women for the purposes of prostitution. Until the recent Bill was passed in England, this country was a happy hunting-ground for procurers, as they could not be arrested on suspicion. In describing the ways in which procurers work, she described how they generally approach girls in positions where they find life very drab and dull, such as in factories and shops. They promise to lighten their lives and gain their confidence, and entrap them by these means. After giving several instances of the way of procuring, the lecturer insisted that the chief cause is the lack of knowledge, and no false modesty or prudery should prevent young girls being informed of the dangers of great cities nowadays. Girls go out much more without chaperons, and they should be told of this existing evil. Ignorance is not innocence. The passing of the White Slave Traffic Bill is the first step to stamp the thing out. Girls should be warned never to go into houses with strangers on any plausible story.

Another step would be to have women employed instead of men as overseers in factories and workshops where girls are employed. Also women should not be paid lower wages than men. The starvation wages given to many girls is the source of the trouble. They lead dull lives, and vice is offered to them in the form of a pleasant evening, dinner at a good restaurant, &c. To get away from the monotony and distress, the girl takes the first step.

The need of wise women on the Boards of Guardians was also spoken of.

When women have the vote in this country a great deal more can be done to rid Britain of the vice.

Miss Amy Hughes, in moving a vote of thanks to Mrs. Willey, spoke of the need there is that nurses should be specially instructed in this matter, so that they may be able to help and instruct others.

Miss Barton moved a vote of thanks to Miss Stansfeld for so kindly presiding, and for her interesting suggestions, and invited the audience to the nurses' sitting-room for light refreshments.

“UNWISE, INJUDICIOUS, AND HARSH.”

We are pleased to note that this month's *St. Bartholomew's Hospital Journal* contains the following expression of opinion on the recent action of the committee in prohibiting discussion by the nursing staff of their own Registration Bill—for which the Premier has now promised consideration!

“Every subject has its pros and cons, and so the question of State Registration of Nurses can no doubt be designated as controversial.

“But controversy on this subject is not subversive of nursing discipline, and the recent action at this Hospital resulting in the placing of this subject on the black list, as far as concerns its free discussion within the Hospital by members of the nursing staff, appears to us to be unwise, injudicious and harsh. Like all unwise, repressive measures it will, however, probably lead to a far wider and more detailed investigation of the question.”

With very few exceptions, Bart's certificated nurses still feel that had the medical staff loyally supported their interests when the appointment of Matron was made, their status in the nursing world would not have been depreciated, nor would it have been possible for the anti-registration policy of the London Hospital to have been enforced, and inscribed on the Minutes of St. Bartholomew's Hospital, and thus its honourable treatment of its nurses reversed. It is not yet too late for the medical staff to urge the committee to reconsider its ill-advised decision, and to rescind a resolution which is so bitterly resented by its best nurses—a resolution, moreover, which insults the intelligence of every woman in the hospital and out of it.

The Harrow police are making inquiries into a serious raid on the orchid house and grounds of Mr. G. Acton Davis, of Julian Hill, Harrow, the acting treasurer of St. Bartholomew's Hospital. Several conservatories were entered, and serious damage done to valuable orchids and the buildings. The police incline to the belief that it is the work of suffragettes, who are very strong in the district.

There may be no connection between this attack and the “muzzling” resolution, but *The Vote* gave very wide publicity to the “harsh” treatment of the nurses at Bart's, and great indignation was aroused in women's societies on the subject.

DISTRICT NURSING IN PALESTINE.

Two young women sailed recently from New York for Palestine to establish there a system of district nursing, as part of the purpose and programme of one of the local Zionist Societies. This Society, less than a year old, is known as Hadassah Chapter of the Daughters of Zion. Like its sister Societies, the new organization has its work mapped out for it in the promotion of Jewish institutions and enterprises in Palestine and in the fostering of Jewish ideals.

Within the month, an impetus was given to Hadassah's plans, and in consequence the nurses are now on their way to Jerusalem. The impetus was an offer from Mr. and Mrs. Nathan Straus, who urged that Hadassah's work of introducing the district visiting nurses' system in Palestine be begun at once. If this were done, they were prepared to pay the travelling expenses and four months' salary of whatever nurse Hadassah might select and equip. It was understood that the Daughters of Zion would be responsible for all expenditures incidental to the nurse's work on the spot, and for her salary after the fourth month.

Hadassah obtained a large part of the money needed for the first year, and, assuming the full risk, engaged a nurse at once for a period of two years. While this project was under way, non-Zionists in Chicago subscribed \$2,000 annually for five years to send a nurse to Palestine. The choice and control of this nurse were left to Hadassah. Accordingly the two workers, Miss Rose Kaplan, of the Mount Sinai Hospital staff, as first nurse for two years, and Miss Rachel D. Landy, of the Harlem Hospital Dispensary, as second nurse for two years and a half, sailed for Jerusalem quite recently.

The immediate object of this Zionist effort is not so much to bring relief in individual cases of illness, as to organize a thorough system of district nursing throughout the towns and colonies of Palestine, beginning with Jerusalem. The first two nurses will co-operate with the Health Bureau established in Palestine a year ago. Miss Kaplan and Miss Landy will devote themselves primarily to the needs of women and children.

With this end in view, they will organize the work of the midwives along the lines laid down by State legislation in New York, and made effective through the activity of the Nurses' Settlement and the Russell Sage Foundation. For this aspect of the work they will be furnished with means to pay midwives, to supply

linens to mothers and babies, and afford a modicum of relief in the shape of medicine and food. They are expected to train probationers and helpers, organize "Little Mothers'" circles like those under the New York Board of Health, give illustrated health talks to mothers and girls at the schools and elsewhere—in short, engage in all the social service and educational activities of a nurses' settlement.

This is one more bit of excellent work which Miss L. D. Wald, LL.D., Founder of the Nurses' Settlement in New York, has done much to further.

THE GREATEST WOMAN CITIZEN.

"The Greatest Woman Citizen" was the subtitle of a lecture on Florence Nightingale, given by Surgeon-General Evatt, at the Caxton Hall, on February 26th, under the auspices of the Women's Freedom League. The fact that the lecturer was intimately acquainted with the great pioneer, whom he admired and respected above all women, lent very special interest to an ever interesting subject. Surgeon-General Evatt has seen so much of the disastrous effects of inefficiency, as to fortify his tirade against it. He depicted Florence Nightingale in the Crimea, where she was the "only person who *knew anything*. She knew everything, and could do everything; in a word, she was efficient." She was no meteor flashing into life suddenly, she had prepared herself by careful study, training, and investigation. She was so splendidly equipped for her great work of Reform by her excellent education, and her powers of organisation. "Why are not *you*?" he said, addressing himself to the audience, with flashing eyes, "educated as she was!" We could have replied "that is just what we are aiming at—higher educational standards, which will only be reached when we have legal status." The lecturer referred to Scutari and the disorder that reigned supreme until Florence Nightingale brought order out of chaos there. The story of Scutari, he told us, was the most ghastly record of human inefficiency. Out of about 22,000 soldiers who died there, only 4,000 died of their wounds. The others died of starvation, disease and neglect. Truly a grim story! The heart of the great woman was stirred with pity and horror at the preventable causes. The Barrack Commission was brought about through her instrumentality. Upon her return the War Office enquiry which followed revealed the deplorable state of the army in peace and war, and the regulations which were subsequently made, have served as a Magna Charta to *all* armies since. This is an incident in the life of Florence Nightingale which is probably not generally known, and will doubtless be of interest. Applause, loud and long, expressed the appreciation of the audience when the lecturer sat down.

APPOINTMENTS.

MATRON.

Cottage Hospital and Convalescent Home, Scarborough.—Miss Leavis, formerly Matron of the Cameron Hospital, Hartlepool, has been appointed Matron. Since last July she has been doing temporary duty at the Cottage Hospital, Coleraine, during the illness of the Matron, where her services have been greatly appreciated.

The Infectious Diseases Hospital, Elgin.—Miss Annie Walker Wilson has been appointed Matron. She was trained at the City Fever Hospital, Aberdeen; and at the Edinburgh Royal Infirmary, where she was also Charge Nurse. She also held the position of Sister at Dr. Gray's Hospital, Elgin, for three years.

Horton Asylum, Epsom.—Miss Mary Mitchell Thornburn has been appointed Matron. She was trained at the Royal Infirmary and the City Hospital, Edinburgh, and has held the position of Assistant Matron at the Stirling District Asylum, the West House Royal Asylum, Morning-side, Edinburgh, and the Long Grove Asylum, Epsom.

NURSE-MATRON.

Convalescent Cottage, Hook, Hants.—Miss E. Fillingham has been appointed Nurse-Matron. She was trained at the Beckett Hospital, Barnsley, and at the Manchester Maternity Hospital, and has had experience as District Nurse and Health Visitor. She is a certified midwife.

ASSISTANT MATRON.

Babies' Castle, Hawkhurst, Kent.—Miss Una Quilter has been appointed Assistant Matron. She was trained at Charing Cross Hospital, and has had five years' experience of private nursing, returning each year for some months to her training school to do Sisters holiday duty.

SISTER.

Cameron Hospital, West Hartlepool.—Miss Middleton has been appointed Sister in the Women's and Children's Wards. She was trained at the Infirmary Wakefield; and has been Staff Nurse at the General Hospital, Ramsgate.

The Hospital, Newark-on-Trent.—Miss Mabel C. Brown has been appointed Sister. She was trained at the Royal Hospital, Sheffield, and has been Staff Nurse at the Clayton Hospital, Wakefield.

Royal Devon and Exeter Hospital, Devon.—Miss Ellen Short has been appointed to the post of Sister of the Massage and Electrical Department. She was trained at the North Devon Infirmary, Barnstaple, and holds the certificate of the Incorporated Society of Trained Masseuses.

SCHOOL NURSE.

Salford Education Committee, Salford.—Miss Margaret E. Jones has been appointed School Nurse. She was trained at the Blackburn Fever Hospital and the Salford Royal Hospital, and has held the positions of District Nurse, Manchester, Resident School Nurse at Swinton Industrial School, and Sister-in-Charge of the Memorial Hospital, Manchester.

HEALTH VISITOR.

Borough of Lancaster.—Miss Beatrice Thoms has been appointed Health Visitor. She was trained at St. Mary's Hospital, Manchester, and has been Voluntary Visitor in the parish of St. Pancras, and Assistant Health Visitor at Mexborough.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

COUNTY SUPERINTENDENT.

Miss Daisy Edgley is appointed to Nottinghamshire as County Superintendent. She received general training at the Royal Berkshire Hospital, midwifery training at Gloucester, and district training at Bloomsbury, and has since held several appointments under the Queen's Institute, including that of Health Lecturer under the Cumberland County Nursing Association.

TRANSFERS AND APPOINTMENTS.

Miss Susan Chapman is appointed to Harrogate as Senior Nurse; Miss Effie Barr-Hamilton, to Chapel End; Miss Carrie Gledhill, to Fitzwilliam; Miss Annie Hughes, to Hebden Bridge; Miss Amy Hyde, to Moulton Paddocks; Miss Florence Keeble, to Sholing; Miss Kathleen Kelly, to Torquay; Miss Mary A. Price, to Staveley Town; Miss Charlotte Wray, to Somerset.

RESIGNATIONS.

Miss Edith Mawe, who has held the position of Hon. Lady Superintendent of the Royal West of England Sanatorium at Weston-super-Mare for the past seventeen years, has been compelled on medical advice to resign her position. How will it be possible to supply her place? Possessed of means, she has supported the work of the charity most generously, and largely through good organisation and untiring effort, has brought the management of the institution to a high standard of efficiency.

Her work has been absolutely unostentatious, but as long as the Royal West of England Sanatorium endures there will be associated with it—as indeed in the hearts of thousands of ex-patients—grateful and affectionate memories of the gentle lady who gave so generously of money, years of work, and, alas, of physical strength, to its service. The high encomiums expressed at the annual meeting, as to the value of Miss Mawe's services, will no doubt long be treasured by that lady as souvenirs of her connection with the Royal West of England Sanatorium.

Miss B. M. Kelly, who has held the position of Lady Superintendent of Steevens' Hospital, Dublin, for twenty years, has retired on pension. Miss Kelly is recognised in the nursing world as an extremely able woman, with wide professional sympathies, and it will be no easy matter to fill her place in Dublin. Let us hope that without the ties of an important official position, Miss Kelly will find time to continue her well-known interest in nursing organisation and the welfare of the profession she has served so long and so faithfully.

NURSING ECHOES.

We have pleasure in publishing the accompanying portrait of Miss Kathleen Smith, Lady Superintendent of the West Kent General Hospital, Maidstone, and recently elected a member of the Matrons' Council of Great Britain and Ireland. Miss Smith was trained at the Essex and Colchester Hospital and the Royal Hampshire Hospital, and has held the following appointments:—

Ward Sister at the Colchester Hospital, and the Southampton Incorporation Infirmary, Ward and Theatre Sister at the West Norfolk Hospital, Ward Sister at the Royal Hants County Hospital, Winchester, Assistant Matron in the same institution, and Housekeeping Sister at the Royal Infirmary, Leicester. Miss Smith has now been Lady Superintendent of the West Kent Hospital for a year. She is a strong believer in State Registration of Trained Nurses, and a keen supporter of the movement for woman's suffrage.

We are pleased to note that the excellent training given in country hospitals, often practically better than in the metropolitan hospitals, where medical students abound, has been recognised by committees in two very important recent appointments. Miss E. F. Corser Brown, trained at the Leamington and South Warwickshire Hospital, has been selected as Matron of the Royal Victoria Infirmary, Newcastle-on-Tyne, which contains 430 beds, and Miss E. Steele Innes, trained at Leeds General Infirmary, has been honoured by the committee of her Alma Mater by her election to succeed

Miss Fisher (no easy task) as Lady Superintendent at that important institution, which has 395 beds. To each hospital is attached an excellent training school for Nurses, and the fact that nurses receiving their training in them may aspire to the best posts, naturally encourages a desirable class of woman to enter these nursing schools. The committees of management of these institutions show sound common sense in making such appointments.



MISS KATHLEEN SMITH.
Matron, West Kent General Hospital.

Now is the time for well-trained general hospital nurses to avail themselves of an opportunity of acquiring practical experience in Fever Nursing. There are vacancies under the Metropolitan Asylums Board, and no nurse can consider herself thoroughly equipped for private nursing without such experience.

The Workhouse and Infirmary Management and Visiting Committee of the City of London Board of Guardians presented at the last meeting a lengthy report upon a scheme prepared for the better training of nurses in the Infirmary, which included a proposal to add an additional year to the period for training probationer nurses for the purposes of securing instruction in electro-therapeutics, massage, and the Nauheim Treatment, and outside training in surgical nursing.

The report was held over for a fortnight. It is to be hoped this excellent scheme will then be adopted.

The Board of Management of the Chester Infirmary have consented to the renovated old fever wards being called Lowry Thomas and

Jane Bird, after the two gallant nurses who worked therein day and night in a hotbed of infection at the end of the eighteenth century, with Dr. Haygarth, whose epoch-making experiment in the isolation of infectious fevers was immediately successful, and followed almost universally. An appeal is being made to the ladies of Chester and the neighbourhood to subscribe and complete the renovation of these wards in honour of their sex.

The statement made at a meeting of the Liverpool Chemists' Association that certain nurses are in the habit of demanding secret commissions of chemists for articles purchased on behalf of patients has created a flutter—half of indignation and half of scepticism—among the ladies in charge of nursing institutions in and about Liverpool.

Obviously the allegation is levelled not against nurses in hospitals or infirmaries, but against some few, at all events, of those nurses who attend private patients in their own homes.

It is a very dishonourable custom, and we hope the publicity given to it in the local press may have the effect of preventing it for the future.

Miss Barnes, Superintendent of the District Nurses' Home at Hunslet, Leeds, will for the present act as Secretary of the local Branch of the N.S.U.

The Irish Advisory Committee of Queen Victoria's Jubilee Institute has decided to write to the Secretaries of District Associations in Ireland to ascertain whether it would be possible to arrange with the managers of National Schools for the inspection of the school children, under the superintendence of the local medical officer, by the Jubilee Nurses.

It is most necessary that such work should be done by thoroughly trained nurses, and Queen's Nurses are the best for the purpose.

At the last monthly meeting of the Irish Nurses' Association 22 new members were elected.

Sisters Haswell and Park, R.N.S., have arrived at their destination—the San Stefano Hospital, near Constantinople—and, with Sisters Warriner and Obee, are busy at work, and in the right spirit all are doing their duty and making light of difficulties. They greatly enjoyed their journey across Europe, and, of course, found the entrance to Constantinople harbour a dream of beauty. It is hoped peace will now soon be announced, and when they return, no doubt the Red Crescent contingent

of Sisters will have much to tell. We are always pleased in these "soft" times to hear of nurses having to overcome discomforts. It is a very wholesome process, and proves their quality!

Miss Orr, upon her arrival at Auckland, appears to have made a decidedly favourable impression on the pressmen. One writes of her in *The New Zealand Mail*:—

The layman's first impression of Miss Orr is distinctly agreeable; while underlying a decided charm of personality is the promise, when the occasion calls, of a quiet decision of character and resoluteness of spirit, often more effective than the aggressive style in filling a position which requires tact as well as firmness.

Miss Orr had already done the rounds of the institution when a pressman called upon her at the nurses' wing, and to the obvious query, she replied with some enthusiasm: "Your hospital here is beautifully situated, and as far as I have been able to see from my first walk round, it is an excellently appointed institution. The wards are very bright and cheerful, the patients all look as happy as one could expect in a hospital, and the place seems to be very well equipped with up-to-date appliances. In fact, speaking from first sight, I honestly think your hospital would compare well with almost any of those I have seen at home. Of course, I have no doubt that I shall find different methods and conditions obtaining here in some respects to those I have been accustomed to, but that is only to be expected, and it is quite possible that the changes I find are due to peculiar local conditions, and suited to them." In answer to another query, Miss Orr expressed herself strongly in favour of a system of registration for nurses. "We have not yet got it at home," she said, "but I am glad to see you have it here, and I shall be registered myself as soon as I have settled down. Under the loose system of non-registration, so many women who have perhaps been discharged after a few months' probation as unfit for nursing are able to pose as qualified nurses. In short, I believe registration is for the benefit of the nursing profession just as much as it is for that of the general public."

PRESENTATION.

Quite a unique occasion was the pleasant little gathering on Tuesday in last week at the house of Dr. Macdonald Brown, where all the doctors of Goole met to do honour to Miss Rosalyn Wright, the Matron at the Goole Sanatorium, who has held the position for eleven years. Miss Wright was presented with an illuminated address and a beautiful antique cut glass scent bottle. Dr. Brown presided and other doctors present were Drs. Eeskine, Eardley, Cass and O'Donnell, each of whom spoke in the kindest manner of Miss Wright's able management and skill, and of her devotion to duty.

THE HOSPITAL WORLD.

THE OPENING OF THE SOUTHWARK INFIRMARY NURSES' HOME.

The erection of comfortable quarters for the nursing staff of a hospital may well be considered a progressive step in nursing affairs, especially as in this case the accommodation had for a long time past been very inadequate. The formal opening of the new building took place on March 3rd, and the pleasant social element that always belongs to such a ceremony helped to make the function memorable. A large empty ward on the ground floor, transformed for the purpose, was used for the meeting. Long lines of pennants and flags were strung across the ceiling, and the usual red carpeting emphasised the festiveness of the occasion in East Dulwich.

In the absence of the Bishop of Kensington, who was unavoidably hindered from being present, the dedication prayers were read by the Chaplain. After a brief description of the Home by the Chairman of the Board, Mr. Devereux, he called upon Sir Arthur Downes, Medical Officer to the Local Government Board, to declare the building open.

Sir Arthur, who had been diving into the limbo of ancient records before coming, made a very interesting contrast between the condition of nursing affairs in 1881 in the old infirmary and that of to-day in the modern building which was erected in 1884.

In the Report of that year it was termed "a mixed institution," containing old people, insane people, able-bodied women, and *four cases of small-pox!* There were insufficient nurses, neglect of patients, and other evils over which it is best to draw the veil, for we are too well acquainted with that dark page of hospital history. Now there is a large staff of nurses, under a Matron and Assistant Matron, and two Night Sisters. The Poor Law Infirmarys are approximating more and more with the voluntary hospitals. The serious note in his address was the falling off of the numbers of candidates for the nursing profession. The speaker attributed this to the fact of there being so many more openings for working women to-day.

Mrs. Stead, a lady Guardian, fastened upon this argument, and elucidated it in a practical manner. She spoke strongly on the subject of adequate remuneration. "Pay your nurses adequately, Sir Arthur," she said good-humouredly but very earnestly. She was of the opinion that sufficient remuneration would attract candidates, and that the needful money

would not be grudged to the nurses, who, she continued, had often others dependent upon them.

Her speech was greeted with great applause. Other members of the Board made short speeches, and then the audience were very generously regaled with dainty refreshments.

THE NURSES' HOME.

This building, so cosy, comfortable, and complete, was erected at a cost of £8,000; to this must be added a detached house for the Medical Superintendent, and various alterations. The masculine Guardians say they have for a long time been considering the necessity of better accommodation for the nurses. The lady Guardian told her colleagues that the Home ought to have been built 15 years ago! It accommodates 31 persons—viz., the Assistant Matron, twelve Sisters, ten staff nurses, and the domestic servants. The bedrooms, which are placed on both sides of the corridors, are of a sufficient size, furnished with all the requisites of a comfortable bedroom without luxuries, a fireplace, and ample window space of the lattice style. The colour scheme is the same throughout. The walls are distempered cream, with white frieze, and from the dark-stained cornice hang several reproductions of pictures from well-known artists. A square of carpet is laid over the polished floor, blue in the upper rooms and rose du Barry in the lower. The cubicles are almost as nice as the nurses' bedrooms. Happily the time seems to be gone by when half a bedroom was considered sufficient for a nurse. Besides the bedrooms and a small kitchen on the ground floor there are also a large and comfortable sitting-room, writing-room, and library. Good bathrooms, offices, large boxroom, coal cellar, and heated room in the basement complete this charming "Home." A staircase at each end of the corridors is a useful provision in case of fire. Both corridors and staircases are constructed with fire-resisting materials. It was interesting to observe that although economy of means has been strictly observed in the construction of the building, the aesthetics have not been overlooked: refinement of taste is obvious throughout. There is no inharmony of decoration which hits one in the eye! The sitting-room, in which tea was served, is perhaps the *pièce de résistance*, with its pretty green walls and white frieze, green curtains bordered with cream, and among the many pictures the well-known one, "An Avenue in Middelharness."

The Guardians, and the Matron, Miss R. E. Wallace, are to be congratulated upon the success of their endeavours.

B. K.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

The Queen has presented two cots which were used by the Royal children at Windsor Castle to the Royal Alexandra Hospital, at Rhyl.

The Lord Mayor will preside at the annual Court of Governors of the Royal Hospital for Diseases of the Chest, City Road, on Friday, March 14th, at 3 p.m.

At the annual meeting of the Royal Sussex County Hospital, Brighton, it was stated that during the past year the income from legacies had amounted to £9,962, an increase of £8,086 on the previous twelve months.

Now that Sanatorium Benefits, under the National Insurance Act, are in full force, and insured persons suffering from tuberculosis are entitled to immediate treatment, either domiciliary or institutional, the publication of two reprints of papers issued from the Thorncliffe Laboratories is opportune. The first deals with "The Treatment of Phthisis by Intratracheal Injections," by Dr. Colin Campbell; and the second is "Izal in the Treatment of Phthisis," by Dr. F. W. Tunnicliffe. Copies may be had free on application to Messrs. Newton, Chambers & Co., Thorncliffe Laboratories, near Sheffield; and those nurses who are taking up tuberculosis visitation work, under local authorities, would do well to secure them.

It has been decided to build a dispensary for the treatment of tuberculosis at Nottingham as a memorial to the late Dr. William Bramwell Ransom, a leading and very greatly respected practitioner in the city. Dr. Ransom was one of the earliest advocates of the open-air treatment of consumption, and contracted a fatal illness largely through his devotion to patients suffering from the disease. The necessary sum, about £2,200, has already been promised. A marble bas-relief bust of Dr. Ransom will be erected in the new building.

A very pleasant function, which took place last week in the Common Room of the Nurses' Home at the Bagthorpe Infirmary, Nottingham, illustrates the good feeling existing between the different departments. The workhouse and infirmary staff assembled to congratulate Dr. Ashwell on completing twenty-five years' service as visiting surgeon. The chair was taken by Mr. Gate, the Master of the Workhouse; and the Rev. C. G. Harris, the only remaining active member of the staff upon it at the time of Dr. Ashwell's appointment, reviewed the marvellous progress made during his term of office; and Mr. Fred Coates, Superintendent Dispenser, expressed the hope that Dr. Ashwell

would celebrate his jubilee. Miss Dwight, Matron of the Infirmary, in a charming speech, then asked Dr. Ashwell's acceptance of a massive silver rose-bowl, on an ebony stand, suitably inscribed; and told him that the nurses regarded him not only as their chief, but their very kind friend. Dr. Ashwell assured the donors that their beautiful gift would be cherished not only by himself and Mrs. Ashwell, but by their children after them.

THE EUGENICS EDUCATION CONFERENCE.

Close on a thousand head masters and mistresses of elementary and secondary schools and training colleges were present at the Eugenics Education Conference held at the University of London last Saturday.

Major Darwin, in opening the session, said the gathering had been organised by the Eugenics Education Society as an indirect consequence of the growing interest taken in educational circles in the question of sex-hygiene—that was in considering what educational methods were best calculated to safeguard the young and inexperienced against the many dangers connected with sex. Several most interesting papers were read.

Miss Tuke, Principal of Bedford College, spoke on the eugenic ideal as a factor in the formation of character. She said that, unfortunately, marriage was not looked forward to in the proper spirit. Very often if a young man was a cause of trouble to his parents, it was said, "Let's hope he will get married and settle down"; while if a girl's conduct was being discussed, something similar was said. In fact, marriage was looked upon as the sovereign remedy for the unsatisfactory youth and the neurotic girl.

It was stated by delegates of the National Union of Teachers and the London Teachers' Association that any attempt to make sex-hygiene a subject in the elementary schools would be strenuously opposed by the teachers.

The following resolution was carried:—"That the Minister of Education be asked to receive a deputation requesting an inquiry as to the advisability of encouraging the presentation of the idea of racial responsibility to students in training and children at school."

SEX EDUCATION.

In the Autumn Number of *The Teachers' College Bulletin*, New York, it is reported that the fifteenth International Congress on Hygiene and Demography which met at Washington in September, included the new subsection of sex-hygiene, thus recognising the interest which has been developed in the past five years. Professor Bigelow, of the Department of Biology in Teachers' College, presented a paper on sex-education in which he constructively criticised some of the

present tendencies of this special educational movement. While recognising that the widespread dissemination of startling facts regarding the social evil and its concomitant diseases has played a leading part in awakening teachers, parents, physicians, and others to the need of instructing young people concerning problems of sex, Professor Bigelow defended the proposition that sex-education should no longer be centred around the social diseases, for these constitute only one of several very important sex problems that education should attempt to help solve. There should be four aims of a rational system of sex-education in which both the home and the school should co-operate: (1) Sex-education should aim to develop an open-minded, serious, scientific, and respectful attitude towards the problems of human life which relate to sex and reproduction. (2) Sex-education should aim to give young people that personal hygienic advice which is of direct value in making for the most healthful and efficient life of the individual. (3) Sex-education should aim to develop personal responsibility regarding the psychical and eugenic aspects of sex as affecting the individual life in its relation to other individuals of the present and future generations; in short, personal responsibility for sex-instincts and actions in relation to society. (4) Sex-education should instruct young people during adolescence concerning the hygienic, social and eugenic facts regarding the two destructive diseases which are chargeable to sexual immorality. Since these four aims include more than physical health, the phrase "sex-hygiene" is inadequate, and "sex-instruction" or "sex-education" is preferable. The logical basis for sex-education is the nature-study of the elementary schools, the biological courses of the high schools and colleges, and the courses of general hygiene on a biologic basis in all these types of educational institutions. Sources or series of lessons should not be announced to the pupils by any such title as sex-hygiene or sex-instruction; but the desirable teaching should be quietly and unobtrusively included in the regular courses named above. A report of a committee of three (Dr. Prince Morrow, Dean T. H. Balliet, and Prof. Bigelow), appointed by the American Federation for Sex Hygiene, was referred to as indicating the desirable selection of subject matter and methods. Biology taught as an applied science naturally includes nine-tenths of the facts needed for sex-education and relatively few supplementary lessons by specially prepared teachers will make the important application to human life. The latter part of the paper recognised that ethical and other teaching are necessary for complete sex-education; and that sex-education will not solve all the sex problems of to-day. The full text of this paper will appear in the transactions of the hygienic congress, and in a volume under the title "Sex-Education," which Professor Bigelow, with the co-operation of a committee of the American Federation for Sex-Hygiene, is preparing for publication next summer.

STATE REGISTRATION OF NURSES AT THE LYCEUM CLUB.

The question of State Registration of Trained Nurses was the subject of discussion at the Lyceum Club on February 26th, when Mrs. Smedley occupied the chair, and Mrs. Bedford Fenwick opened the Debate with a speech giving cogent reasons for the passing of a Nurses Registration Bill and the steps which had been taken to secure it, ending with the announcement that in reply to a recent question in the House of Commons by Mr. Athelstan Rendal, the Prime Minister had promised that the claims of the Nurses' Bill should be considered.

At the conclusion of Mrs. Fenwick's speech the chairman said that it had been impossible to find any member of the Club to oppose State Registration of Nurses, but invited any of those present in the well-filled room to state any objections they might feel. No one responded, the only speeches made being in support of the principle advocated by Mrs. Fenwick.

In bringing the proceedings to a conclusion, Mrs. Smedley said, after Mrs. Fenwick's noble exposition of the subject she thought that all present would not only desire to help on the cause, but would consider it a duty to do so, in order to help to protect the public from inefficient nurses.

LEGAL MATTERS.

CHARGE OF ATTEMPTING TO PROCURE.

We quote the following case from *The Times* in continuation of the report published last week:—

At Clerkenwell, before Mr. d'Eyncourt, Flora Johnson, 45, of Swinton Street, Gray's Inn Road, was charged on remand with unlawfully attempting to procure Ethel Maud Driver, twenty-eight, a nurse, for immoral purposes. The case was reported in *The Times* of February 21st.

Driver, recalled, told the magistrate that she was wearing the uniform she had when she first became a nurse. She wore it when she was at the Homes of Hope, but she had left the homes several years ago. She left her last situation in February because the doctor said she was suffering from gastritis and insomnia.

Sidney Woodhouse, of Hull, a commercial traveller, said that early on the morning of February 19th, he was near King's Cross when he saw the prisoner with the nurse. The nurse was intoxicated. The prisoner asked if he would spend the night with the nurse. The nurse said, that she wished she was back in Yorkshire. The witness offered to pay her fare to Hull, and at that the prisoner started to swear and told the nurse that she must get her living some way. Eventually the prisoner went away.

Mr. d'Eyncourt.—You acted like a thorough gentleman throughout.

After evidence of arrest had been given the prisoner, who denied the charge and reserved her defence, was committed for trial.

OUTSIDE THE GATES.

WOMEN.

To those who can remember her coming and marriage in March, 1863, it seems incredible that Queen Alexandra has been with us for half-a-century. But so it is. The fiftieth anniversary of her arrival in this country falls on March 7th, and her marriage followed a few days later. Well do we remember that day—the ringing of church bells, the rejoicings, decorations, and junketings in the little Nottinghamshire village of Thoroton in which we then lived; the buying of favours and *cotes de visite* of the very handsome young bridegroom and lovely bride. At six, nothing is too unimportant to note and remember. The *pièce de resistance* of national rejoicing was, of course, the tea and supper, spread for the whole village in a splendid old barn. Here laurel ropes and paper-roses hung from its cobwebby rafters; and the tables simply groaned with magnificent joints, piles of vegetables and fruit, and puddings the size of a harvest moon. We remember helping to wait at that feast—and how Mester This and Mrs. That cracked pleasing jokes, and demolished plate after plate of steaming viands; and how we wondered if they were hollow! We remember the Squire leading off the dance with the most sprightly widow in the village—dressed in an airy fairy, discarded ball-gown—“sheep dressed lamb fashion,” as ladies of more sober fashion whispered; and how her cap was trimmed with red, white and blue ribbons, into which was sewn over either ear a bunch of tight little black silk curls! We remember how she nipped up her partner, as “hands across and down the middle,” she ducked under extended arms, and brought him triumphantly laughing and breathless from end to end of the barn with surprising agility. We wonder if country girls can dance like that in these days? We saw “the Princess” herself a few months later when she came as a bride to visit the Duke of Rutland, at Belvoir Castle, and beheld a vision of grace and beauty never to be effaced from memory, which surely has never been excelled. In this year of Jubilee, Ministers of State and Corporations will, no doubt, offer to Queen Alexandra national congratulations, but by her special wish such ceremonies will be observed as quietly as possible.

At a delightful reception held last week at the Gratten Galleries, by Lady Frances Balfour and the Executive of the London Society for Women's Suffrage to meet Mrs. Henry Fawcett and the members of the National Union Council, Lady Frances paid a well deserved tribute to the life long work for the elevation of womanhood, and their political emancipation of Mrs. Fawcett.

Miss Edith Palliser then presented Mrs. Fawcett with a badge of gold and enamel, on behalf of the 100 societies of the Union, the badge being adorned with five opals for steadfastness and

courage, green leaves for undying hope, and white pearls for the righteousness of our cause.”

Mrs. Fawcett declared that she was much impressed by the warmth of their love and kindness, and that the National Union was the joy and pride of her life.

BOOK OF THE WEEK.

FORTITUDE.*

“Tis not life that matters! 'Tis the courage you bring to it.” The title of this book shows its purpose, and the above utterance of old Frosted Moses is taken as its motto. It has what all writing worthy of the name should aim at, a definite concrete object, and the deadly earnestness with which that object is pursued and worked out puts the history of Peter Westcott beyond the charge of morbidity, and places it in the forefront of those many attempts to deal with that most difficult problem, heredity.

Briefly, young Peter has a bad father and a bad grandfather, with badness of a sinister character of which its worse attributes are implied rather than described, for which the reader is grateful. The atmosphere of little Peter's home is conveyed with a realism that one's first inclination is to resent, so surely does the terror of it make us suffer with the child. To what purpose we ask is such a book written? But we read on and understand. Peter's mother is an invalid, her bedroom was white and smelt of flowers and medicine; he was always glad to get out of it. She was dying slowly of terror at his father. But at the last mother and boy understand each other.

“She lay back on her pillows with a little sigh. “You are very strong.”

“Yes; I am going to be strong for you now. I am going to look after you. They shan't keep us apart any more.”

“Oh, Peter dear,” she shook her head almost gaily at him, ‘tis too late, I am dying. Oh, Peter dear, I've wanted you so dreadfully, and I was never strong enough to say you must come! But oh, I am happy at last.” . . . She stroked his cheek with her hand—the golden light from the great cloud filled the room and touched the white vases with its colour.”

The painful description of the boy's school-life should receive the close attention of all who are interested in the root matter of social evil; and though we cannot but believe that in the present-day (for this is a Victorian story), the crude, cold-blooded cruelty and bullying no longer exist, yet, alas! the more insidious evil that is hinted at still remains as a hideous canker. But Peter—and this is the point—fights his way through for himself and others, and comes out unblemished. As monitor he brings about the expulsion of Jerrard Dawson, the most popular

* By Hugh Walpole. Martin Secker, 5, John Street, Adelphi, W.C.

boy and captain of the football team. "Every eye was upon him—Ellershaw, West, Barton—some faces nervous, some excited, all bitterly intensely hostile—and he must return next year. He came down from the steps, and walked very slowly to the door; and then, as his fingers touched the handle, there was a sound—a whisper, very soft, and then louder; it grew about his ears like a shout; the whole school, motionless as before, was hissing him."

Then, after a long struggle against fate, against years of poverty, the awful call of heredity, against the cruelty of the vice that he feels to be slumbering within him, he wins through, and becomes a successful novelist, and marries the girl he loves. Then, at last, one hopes that Peter will find peace and satisfaction after his long fight; but the little son that he adores dies of appendicitis, and his fickle, shallow wife leaves him for his close friend, Cardillac.

Once Peter said, "They took my baby; they took my work; they've taken my wife; they're too much for me. I'm beaten." Once, from the chair by the window in the little drawing-room, a voice said, "I'm going back to Scaw House—to my father; I'm going back to all of them." There is something terrible in that which it implies. In vain, we hope for happiness for this warrior, but he wins something better out in the storm of the Cornish coast.

"He answered the storm. 'Make of me a man to be afraid of nothing; make me brave! make me brave!'" H. H.

COMING EVENTS.

March 11th.—Sir Squire Bancroft's farewell reading of "The Christmas Carol," in aid of the Middlesex Hospital. St. James's Theatre. 3 p.m.

March 13th.—Meeting Central Midwives Board, Caxton House, S.W. 3.30 p.m.

March 14th.—Public Meeting to protest against the Misuse of Nurses' Uniform: Dr. Chapple, M.P., will preside. A resolution will be proposed by Mrs. Bedford Fenwick calling the attention of the Government to the matter. Medical Society's Rooms, 11, Chandos Street, Cavendish Square, London, W. 8 p.m.

March 20th.—Nurses' Social Union. Lecture (2) by Professor Walker Hall on "The Serum Treatment of Disease," illustrated. Pathological Department, Bristol University. 3.30 p.m.

March 20th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture by Dr. Moorhead, "Massage in Diseases of the Nervous System." 7.30 p.m.

A WORD FOR THE WEEK.

Ask God to give thee skill in comfort's art,
That thou may'st consecrated be, and set apart
Unto a life of sympathy;
For heavy is the weight of ill in every heart—
And comforters are needed much, of Christlike touch.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

MATRONS AND THE RANK AND FILE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—That one amongst the best of our matrons should apologise, even by implication, for those who have not come up to her own high standard by a very long way, is, I confess, a surprise to me.

That Miss Ramsden or any other amongst our up-to-date and broad-minded matrons should be hurt by my article must necessarily be a matter of regret to me. No one who has served under Miss Ramsden as I have done could fail to place her sound judgment, firm administration, and impartial justice in very marked contrast over against the work and the ethics of the class of matron whom I portrayed. My apologies to those who are *matrons*—mothers in the truest sense to their nurses—were made beforehand in the article itself. I repeat them. It is abundantly obvious that I did not refer to them.

But that does not affect the point at issue. My object is to arouse in the minds of those who aspire to matronship—a gravely responsible and important position—of those who govern hospitals, often lay men and women whose knowledge of the requirements for the post fall short of the facts; of those who, as probationers, entirely fail to realise the immense importance of taking service under the best and most up-to-date of our matrons, a sense of the truth which we cannot conceal from ourselves, those of us who think that, as regards the headship and government of our hospitals, we are very far from being what we ought to be.

We could not, surely, be so petty as to grudge to our sisters overseas the recognition of what they have done and of what they are, following our example in the first instance. If in some things they have outstripped us, let it be but an added incentive to ourselves. The lessons taught us by our International Nursing Congresses are surely in vain unless we have learned to regard ourselves, the nurses of the world, the servants of humanity, as one family. And may we not rejoice if even the younger members of our family forge ahead of us in the race? Personally, I can but feel humbly thankful for many lessons which, unconsciously, the nurses and matrons of the United States, whom I have had the good fortune to meet both last year and earlier, have taught me. I grow old. And these younger, fresher minds grasp truths and carry them out in a way that has not lain within my power.

I appeal to Miss Ramsden against herself. I think she has misread me.

And, equally, I appeal to all those matrons who have made, and are making, their hospital spheres a centre of light and learning, an atmosphere of true nursing, to join with those bodies which, like the Matrons' Council of Great Britain and Ireland, the Irish Matrons' Association, and the Poor Law Matrons' Association, are doing what lies in their power to raise standards and to broaden nursing life and education. They include still the large minority of matrons only. Until they number amongst their members the overwhelming majority of our "Superintendents of Nurses" (we have the name in Dublin) filled with the highest spirit of nursing and of progress, let none rest from their labours.

I am, yours faithfully,

ALBINA BRODRICK.

Ballincoona, Caher Daniel,
Co. Kerry.

THE PREMIER'S PROMISE.

To the Editor of THE BRITISH JOURNAL OF NURSING

DEAR MADAM,—May I support the suggestion of "Clara Lee," that we "decent" trained nurses hold a public meeting to protest against prostitutes and white slave traffickers covering their crimes with our now defenceless cloak. I would suggest some Minister of the Crown be requested to receive a deputation on the subject. The only remedy is registration, and the sooner the Premier redeems his promise the better.

Yours truly,

EMILY C. MOORE.

Liverpool.

"VADETS."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—I am glad you are having a Protest Meeting on the subject of the abuse of nursing uniform, and I hope that at your meeting the idea of getting all Red Cross and St. John Ambulance voluntary aid detachments members to be called "Vadets," will be adopted. I see a First Aid paper proposes this and I think it a good name—and no one would object to being called a Red Cross Vadet.

I hope, too, it will be admitted at your meeting that the Red Cross uniform, except as regards the indoor cap, does not really imitate a nurse's uniform too closely. It is very distinctive, the dress is only an overall put over one's ordinary dress and the very conspicuous red cross on the breast of the apron differentiates it entirely from an ordinary trained nurse's uniform. The cap should be altered, I think, a three-cornered bit of cambric, or little pocket handkerchief put on the head, is what the special pupils wear at Chelsea, and I think that would do for Vadets, and prevent the use of a real nurse's cap.

It would not be possible to keep up voluntary aid detachments without a uniform, it is really one of the things that attract members to join, and

once in it they get keen and interested and learn to be useful, and indirectly an enormous amount of hygiene is taught by these classes being got up. I have a class of about twenty village girls, and it is surprising how well they can bandage and render first aid, change sheets, &c., but it is really since they have had a Red Cross uniform that I have been able to get them really keen and disciplined, discipline seems to come with uniform, and they are so proud of themselves and attend so well since they have had it.

Learning about home nursing, open windows, and *no* alcohol is so good for them, so I hope your meeting will be merciful and not demand the sweeping away of all uniform so long as it is very distinctive and recognisable for what it is. The out-door uniform of Red Cross nurses is a serge coat with brass buttons and motor cap, very different to that proposed for St. John's Vadet out-door dress, which is trained nurses' out-door uniform pure and simple—except for the small badge which the public would never notice. It is quite wrong that a responsible body like the St. John Ambulance Association should encourage girls who have only passed perhaps two very elementary exams in first aid, to appear in the entire dress of the fully-trained nurse. Could not representations be made to this body before it is too late?

Yours truly,

ONE WHO IS INTERESTED.

(The Misuse of Nurses' Uniform Meeting is arousing wide interest, and there is no reason why a resolution should not be sent from the meeting to the St. John Ambulance Association on the question, Nurses' uniform in the dock, and its misuse by prostitutes and procurers is the principal abuse we want to tackle.—ED.)

PROPOSED NATIONAL ASSOCIATION OF NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—I am sure you will allow me to avail myself of the opportunity which your leader on the 22nd ult. has given me, to endeavour to remove a misconception about the "Nurses' Social Union." It has been largely a case of "give a dog a bad name"—only the dog, in this instance, has had too much life in him to be hanged. The word "Social" has been misunderstood to stand for sociability whereas it was intended to be used in the sense in which it is defined in the dictionary "uniting for the common weal and good."

Our aim is "To promote by co-operation the effectiveness of the profession, and through the profession the good of the community." That is surely large enough and wide enough to include the objects of the proposed National Union of Nurses, as well as any other that is deemed by the members to be worth striving for. It is an ambitious aim, I grant, but we found our faith in its achievement on our faith in the nursing

profession. The women who form it will "hold hands" to attain the highest. And you, who are a leader towards the heights, will support us, I venture to believe.

Then will you allow me to remove another misunderstanding. Our Union is not "subject to lay control." *The control is entirely in the hands of the professional members.* The professional members of each Branch elect the Committee from amongst the professional members, and the Committee elects officials and representatives to serve on the central bodies. The professional committees have power to co-opt lay associates if they think it desirable to do so. But they are in no way bound to do this. Therefore in a sense the governance of the Society is freer than if they were tied to elect only professional women. They can do what they think best for the development of the work.

As a matter of fact the Committees of larger towns consist exclusively of professional women. Each Branch is free to develop the work in any way it thinks most desirable, and it is obvious that what will suit a remote country branch, where nurses have few opportunities of either professional or sociable intercourse, is quite different to what is required in a large town.

Full members have to possess the same qualifications as those laid down by the National Council of Trained Nurses as being necessary for membership of their Society. They form a body apart with a distinctive badge, and there appears to be no reason why they should not be affiliated to any professional body, or be appealed to for professional opinion. In allowing the existence of lay associates (who have no governing rights whatever) we are only doing the same as other professional bodies, such as the Scottish Nurses' Association, the Midwives' Institute, and the Sanitary Inspectors' Association. By this means we get *breadth of view coupled with professional solidarity.*

We have changed our Constitution, as you say and I hope that we shall do so again and again, in the years to come, so that we may meet the requirements of a profession which develops year by year as fresh responsibilities are laid upon it. The ancient Egyptian influence perished because its laws were stereotyped. We have no fixed law but to "Promote the highest ideals of the Nursing Profession," and we endeavour to do so by what seem to us the most practical methods at present.

As you say, we do not bind our members to any policy as regards State Registration, but I personally believe that by open meetings to discuss the question and by developing a sense of responsibility, co-operation and initiative amongst our members, a great deal is being done, indirectly, but not ineffectively, towards "elevating the nursing profession," if I may quote your words. All who wish can join the Society, which exists for the one definite purpose of State Registration. But what we are trying to do

no other Society has yet aimed at. Our methods are perhaps slow, but they should be sure, and the aim will last as long as the world, as we know it, exists, and no one can disagree with it. We are trying to bring about co-operation between those whose hearts and minds are already united in the common desire to promote the good of the profession. *All will acknowledge fealty to our aim, however much they may differ on other subjects, and so we hope all will join us.*

We are rapidly becoming a strong body of comrades holding hands for mutual help and for the common weal. We shall be in a position to take up more definite lines of activity when we can consult a still larger body of professional members and follow the lines they wish to lay down.

I am, Yours faithfully,
EVELYN L. C. EDEN,
Hon. Central Organiser.

The Grange, Kingston, Taunton.

[All National Associations of Nurses should, in our opinion, be composed of trained nurses, as they are in America, Canada, Germany, and elsewhere, with a definite professional policy. A Union which leaves all constructive work through legislation, educational standards and economic questions, to be fought for by sections of the nursing world cannot be in spirit or effect in any sense *National*. That is not to say it cannot do useful work of a social order—by social, we do not mean merely convivial and friendly intercourse—but co-operation for the good of the community. The National Council of Trained Nurses is composed of the majority of Nurses' Societies, including all branches of nursing, which have had the courage to come out and fight for professional co-operation and self-government. Its policy is definite and constructive. It affiliates all sections of organized nurses, and it is *National* in word and deed, and is pursuing a policy, through which alone, a powerful National Union of Nurses can be founded. As we have said before, it is the nurses' views and interests which a Nurses' Union must put forth—the lay public have many channels of presenting their claims.—ED.]

NOTICE.

We regret that many letters are unavoidably held over, owing to want of space. This need for the extension of THE BRITISH JOURNAL OF NURSING is becoming a very urgent question, owing to the numerous contributions sent in, arising, presumably, from a continuous increase of circulation.

OUR PRIZE COMPETITIONS.

March 15th.—What is the distinction between abortion, miscarriage, and premature labour?

March 22nd.—Describe the best method of flushing the bowel.

March 29th.—Give the general rules for the disinfection of each of the following in the case of infectious diseases: (a) Discharges and excreta; (b) Linen; (c) Utensils; (d) The Nurse's hands.

The Midwife.

CENTRAL MIDWIVES' BOARD.

THE PENAL BOARD.

A special meeting of the Central Midwives Board was held at the Board Room, Caxton House, Westminster, on Thursday, February 27th, Sir Francis Champneys presiding, for hearing the charges alleged against twelve midwives—three having passed the examination of the Central Midwives Board and one holding the certificate of the London Obstetrical Society; the rest were "bona-fides."

The results were as follows:—

Struck off the Roll.—Mary Ann Harman (No. 20536), Catherine Hickman (No. 2913), Clara Jane Lander (No. 2125), Louisa Lower (No. 6002), Ruth Skelton (No. 2766), Florence Ann Smith (No. 35519), Amy Stacey (No. 17224), Christina Helen Sutherland (No. 34008), Sarah Ann Ward (No. 206).

Severely Censured.—Sarah Harris (No. 1749).

Censured.—Flora Wright (No. 30003).

Not under the jurisdiction of the Board (as she was acting as a monthly nurse).—Emily Maud Self (No. 2085).

In the case of Mrs. Lander, who attended before the Board, a declaration was read by Miss Hardy (the Inspector of Midwives for Staffordshire)—who was also present—that she met Mrs. Lander going to a case in a stuff dress, and carrying a pot of dirty lard. When spoken to about wearing a stuff dress, she said she would continue to do so. This Mrs. Lander denied, saying that she "never said such a straightforward thing as that"; what she did say was that she would have to go on wearing it till she got another made. She was having some washable dresses made at the time. In reply to Mr. Farker Young, she gave the normal temperature of the body as 87 deg. and 88 deg. "According to what Miss Hardy said it was." She was most emphatic that this was the temperature of the patients she attended.

The case of Emily Maud Self was a curious one. She was charged with negligence and misconduct in that being engaged as the substitute for another midwife at a confinement, she (1) failed to visit the patient until five hours later; (2) advised the husband of the patient to call in as her substitute an uncertified person, in contravention of Section 1 (4) of the Midwives Act; (3) administered drugs other than a simple aperient to the patient, and neglected to enter the particulars in her Register of Cases; (4) did not keep a Register of Cases, as required by the rules. It was emphatically a case of *Audi alteram partem*, for, although Miss Self did not deny the facts, she had as an answer to them all that she was not acting as a midwife but as a monthly nurse, and she was supported in this by

Dr. Magrane, who attended before the Board. The circumstances alleged were that Miss Self a certified midwife, resides in the house of Dr. Magrane, acts as his book-keeper, and does monthly nursing under his direction. The Local Supervising Authority, relying on the statement that Miss Self acted only in this capacity, did not inspect her, and it was stated that on November 12th she acted as a midwife, and the above breaches of the rules were alleged.

It appears that the midwife for whom Miss Self acted was Miss Attwood, who, with her widowed sister, lives with Dr. O'Connor, Dr. Magrane's assistant in the capacity of housekeeper, and also practised as a midwife. Miss Attwood went to nurse Dr. Magrane's daughter; and it was arranged that Dr. O'Connor would attend any of her cases which came off while she was away; and Miss Self would look after them as monthly nurse. In connection with the case in question, Miss Self, who was not well, had been told by Dr. Magrane she was not to go out. When the call came in the early morning, she did not doubt that Dr. O'Connor had already been summoned, and therefore told the husband to go for Mrs. Bailey. When she visited the patient about 8.45 a.m., she found Dr. O'Connor had not been, and the baby had been born before Mrs. Bailey arrived. It was Dr. Magrane who prescribed and dispensed the tonic administered. Mr. Bertram (Solicitor to the Board), did his utmost to get Miss Self to admit that she acted as a midwife—but all wiles, insinuating and peremptory, failed in their effect.

The majority of the Board endorsed Miss Self's plea.

The charge against Florence Ann Smith (C.M.B. examination) was that "you fraudulently and with intent to deceive, made use of a fictitious document purporting to be the copy of a testimonial signed by Mary Jane Barrett, the Matron of the Monmouthshire Training Centre, favourable to your application for appointment to the staff of King Edward the Seventh's Hospital, Windsor, well knowing the same to be false," &c.

The "testimonial" stated that Miss Smith was "an industrious and reliable nurse." On Miss Wedgwood, Matron of the Hospital, referring to Miss Barrett, the forgery was discovered.

The midwife wrote saying she was guilty of the charge. She was in absolute ignorance that she had committed forgery, but was worried to death after she had sent the letter. The profession was nothing but starvation as the Gamps had such a hold. She was disheartened, as this was her only means of livelihood; she had no cases and had to do something. As a probationer she would have had board and lodging. She was now beginning to make a connection, and begged the Board not to remove her name. She was, however, struck off the roll.

On informing Amy Stacey of the Board's decision to remove her from the Roll, the Chairman said the Board considered the case one of the worst they had heard. She had killed the patient, as she did not disinfect, and the woman died of puerperal fever.

Christina Helen Sutherland (C.M.B. examination) was charged with not sending for medical help in the case of a child with discharge from the eyes. In announcing the decision to strike her off the Roll the Chairman said the Board considered the case an extremely bad one.

Flora Wright (C.M.B. examination) charged with not explaining that a registered medical practitioner should be sent for in an abortion case, and subsequently with endeavouring to deceive the Inspector of Midwives by falsely stating that she had not attended the patient for a miscarriage, was informed by the Chairman that she had lied deliberately on two occasions, but she had acknowledged it, and the Board thought she would not do it again. They therefore censured her, but did not remove her from the Roll.

LIST OF SUCCESSFUL CANDIDATES.

At the examination of the Central Midwives Board, held in London and the Provinces on February 10th, 1913, 545 candidates were examined, and 441 passed the examiners. The percentage of failures was 19.

LONDON.

British Lying-in Hospital.—E. M. Cater, P. M. Desvignes, S. A. Phillips, J. Steinkumm, M. E. Swain.

City of London Lying-in Hospital.—E. Boon, F. I. Estaugh, H. M. Gill, E. Hammersley, L. Hanson, A. E. Lunn, M. J. Mackie, F. E. M. Sendall, H. B. Taylor, E. L. Wallace.

Clapham Maternity Hospital.—M. H. Dagge, A. M. Dunderdale, E. Ghosh, K. E. Juggins, A. Mackintosh.

East End Mothers' Home.—D. A. Cowall, J. N. Famaëy, E. L. Gibson, B. Holmes, C. A. M. Lamb, K. R. Peters, G. M. Ward, N. White.

General Lying-in Hospital.—M. L. Adams, M. H. Barker, E. M. Barnby, A. Bates, M. A. Coles, E. M. Connell, C. L. Cope, M. T. Davis, A. F. M. Dexter, Z. E. Evans, M. C. Fogarty, M. I. Forrest, F. L. M. Gates, M. A. Hamilton, C. Harries, M. M. Magan, A. F. Mulley, A. C. Rex, A. Rowe, A. P. Sheasby, W. Spicer, M. B. Tarry, E. A. Thomas, C. M. Tunbridge, B. L. Welch, F. M. Wells, J. E. White, E. M. Whiting.

Guy's Institution.—L. E. A. Campion, A. Kennedy, F. C. Lear, E. A. Sutton.

Holborn Workhouse.—M. L. Nixon.

Kensington Union Infirmary.—C. Nixon.

Lambeth Parish Workhouse.—M. Cavill, E. M. Sharland, C. W. Wilson.

London Hospital.—A. S. Alford, L. C. Campbell, B. Cunliffe, E. M. Lowry, D. Paulin, M. I. Ratcliff, M. St. C. Rudall, G. L. Turner, C. E. Vaughan.

Maternity Nursing Association.—W. A. Attenborough, M. A. Cracknell, E. A. Summers.

Middlesex Hospital.—E. F. M. Brookfield, M. E. Greenshields, E. C. Urquhart, A. Zealey.

New Hospital for Women.—M. E. Clark, M. M. Guérin.

Plaistow Maternity Charity.—P. E. Appleton, E. R. Barnett, H. M. T. Benn, E. Billington, D. J. Chamberlin, G. M. J. Chapman, W. A. Cheney, E. R. Culley, F. E. Gaffney, E. E. Gardner, I. Gould, O. I. Jordan, E. Lea, M. Lewis, B. R. Myhill, A. E. Price, M. Pughe, J. G. Robinson, G. K. S. Robson, M. Scott, E. Sims, E. Smith, F. M. Weathers, J. Williams, M. Williams, E. Wrench, E. S. Yeomans, V. H. Hayes.

Queen Charlotte's Hospital.—R. S. Bartter, H. M. Boucher, B. E. M. Capon, L. E. Clissold, J. B. Dickson, E. E. Emslie, A. S. French, M. C. Henderson, K. M. Jones, A. M. Mancy, I. H. Murray, E. A. Pattison, H. W. Sherwood, E. M. Simmonds, L. M. Single, C. Simpter, B. T. Thomson, M. L. Town, M. M. Watts, L. Williams.

Regions Beyond Missionary Union.—A. Currell, H. Nicol, A. M. Welch.

Salvation Army Maternity Hospital.—L. A. Dutton, A. J. Perkins, A. Sutherland.

Shoreditch Union Infirmary.—W. G. Chappell, E. E. Smith.

St. Bartholomew's Hospital.—M. O. Drury.

St. Marylebone Workhouse Infirmary.—L. J. Everitt, M. Fothergill.

St. Pancras South Infirmary.—J. C. Sinclair.

University College Hospital.—K. M. Bower, H. Davies, E. Newsome.

West Ham Workhouse.—E. E. Weeks.

PROVINCES.

Aldershot (Louise Margaret).—K. M. H. Elliott, C. Jenkins, C. R. Norris, E. M. Potts, H. G. Shaw, E. E. Watt.

Birkenhead Maternity Hospital.—E. C. Bland, M. Pendlebury, L. A. Plinston, L. Rider

Birmingham Maternity Hospital.—J. M. Akerigg, M. H. Barker, M. E. Brookes, L. Buttfield, A. L. Fry, E. G. Gale, M. L. A. Gold, F. Hawes, F. L. Marsh, A. B. Parkinson, J. E. A. Walker, A. Wallage, M. J. Watt, A. Wright.

Birmingham Workhouse Infirmary.—C. M. S. Batchelor, R. Freeman.

Blackburn Union Workhouse.—E. Culshaw.

Bradford Union Hospital.—M. Hickie, M. A. Jeffrey, A. A. Lacey, M. A. McDermott.

Brentford Union Infirmary.—S. J. Dowd.

Brighton and Hove Hospital for Women.—E. Ayling, A. M. Bishop, E. Goodall, B. S. S. Needham, M. E. C. Storr, E. D. Tunstill, A. W. Waterman.

Bristol General Hospital.—G. W. Athersuch, E. Bevington, R. S. Merritt, G. M. Morse, W. K. Ransom.

Bristol Royal Infirmary.—A. Beaumont, L. R. Hill, B. D. S. Mee, G. A. Paitson.

Cheltenham District Nursing Association.—A. Davies, M. E. Haynes, A. H. Hyde, E. Johnson, G. H. Stevenson, J. Turton.

Chester Benevolent Institution.—L. M. Brett, E. F. Clay, M. Roberts.

Derby, Royal Derby Nursing Association.—A. R. Banks, F. W. Hoon.

Devon and Cornwall Training School for Nurses.—M. Ansell, A. Appleton, J. Bennetts, E. Luke, M. F. Mushet, B. Netherton, I. Penhaligan, A. M. Seaward.

Deasbury Union Workhouse.—E. Brook, B. B. Clark, M. A. Craven, F. Leworthy, H. Pitts, A. Ravner, L. Turner.

Essex County Cottage Nursing Society.—L. A. Bass, C. Gordon, N. Marshall.

Gloucester District Nursing Society.—R. M. Blundell, A. B. Cooke, I. J. Randall.

Hull Lying-in Charity and Nottingham Workhouse Infirmary.—M. A. Savery.

Kingston-on-Thames Union Infirmary.—A. M. Pearson.

Leeds Maternity Hospital.—A. Bradbury, E. E. Brown, H. Denton, E. Harkess, S. North, H. C. Page, M. A. Schofield, F. Senior, B. Smith, E. Stables, J. Winter.

Leicester Maternity Hospital.—S. E. Brierley, C. M. Fletcher, L. S. A. Hicks, M. M. Hull, E. Stock.

Leicester, North Evington Infirmary.—M. Davis, A. Phillips.

Liverpool Maternity Hospital.—E. J. S. Barber, E. Bleasdale, M. Brady, S. Brocklehurst, F. L. Brookes, J. Dryden, E. Hacking, M. M. Hind, A. E. Kerr, F. E. I. Amie, B. Morris, R. Scarborough, M. F. Scott, A. Singleton, A. F. Stook, H. M. Taylor, B. M. Thompson, K. H. Thompson, J. B. Watt.

Liverpool Workhouse Hospital.—M. Curbishley, A. Hoskin, H. A. Johnston, S. A. Wright.

Manchester, St. Mary's Hospitals.—S. Arkwright, A. Armitage, E. Bentham, H. Boegler, C. Diggles, F. E. Hough, S. J. Ker-shaw, S. H. Little, A. I. Parker, M. Pollard, F. E. Rippon, A. Summs, E. Smith, D. Viner, S. E. Whitaker.

Manchester, Township of South Manchester Hospitals.—M. D. Aldag, F. M. Corrigan, A. Flintoff.

Manchester Workhouse Infirmary.—E. D. Capper.
Mosmouthshire Training Centre.—R. I. Barnard, E. Davies, S. A. Demaid, H. Morgan.

Newcastle-on-Tyne Maternity Hospital.—A. Codling, G. M. Eltringham, M. Fraser, C. Hunter.

Newcastle-on-Tyne Union Hospital.—L. S. Clarke.

Nottingham Workhouse Infirmary.—A. Faulkner, A. Guest, S. Oldfield, A. I. Widdows.

Norwich Maternity Charity.—D. E. Ford, K. C. Trett, E. E. Weir, N. M. Whitworth.

Oldham Union Infirmary.—S. Beach, A. Kirkham, B. Sanderson.

Sheffield, Jessop Hospital.—A. M. Barnard, M. D. Gwilt, S. Leach, M. Ormerod.

Shorncliffe, Helena Hospital.—M. W. Anderson.
Sculcoates Workhouse and Hull Lying-in Hospital.—A. M. Duff.

Waltham, West Derby Union Infirmary.—R. E. Asbury, A. L. Burgess, A. M. I. De Pevrecave, E. G. Dunlop, A. I. Steele.

Windsor, H.R.H. Princess Christina's Maternity Home.—L. M. Reeves.

Wokinghampton, Q.V.J.N.I.—F. A. Sleight.

Worcester County Nursing Association.—F. L. Wilson.

York Maternity Hospital.—F. Dale, E. Edwards.

WALES.

Cardiff, O.V.J.N.I.—S. J. Aspden, E. Crowley, E. Daniel, F. Lloyd.

Cardiff Union Hospital.—L. E. Perch.

Merthyr Tydfil Union Workhouse.—C. C. Thomas.

SCOTLAND.

Aberdeen Maternity Hospital.—M. Hepburn.

Dundee Maternity Hospital.—B. Angus, J. A. S. Dewar, J. McPherson.

Edinburgh Royal Maternity Hospital.—A. W. Chisholm, E. M. Gunn, I. B. Lindsay.

Glasgow Eastern District Hospital.—A. H. Paton.

Glasgow Maternity Hospital.—A. J. Black, M. M. M. Dickson, M. S. Doig, G. M. C. Macarthur, E. W. Reid, A. Schmidt, M. Simpson, E. M. Vincent.

IRELAND.

Belfast Incorporated Maternity Hospital.—E. Watters.

Belfast Union Maternity Hospital.—M. Farquhar, J. Francey, S. Gallagher, A. Gorman, B. Keane, E. McCaffrey, M. Morrow.

Curragh Camp Military Families' Hospital.—E. Wolfe.

Dublin, Coombe Hospital.—A. S. Clements.

Dublin, Rotunda Hospital.—A. P. Maitland, E. Riding, K. Swales, W. A. Todd.

Lurgan Workhouse Hospital.—A. Andrews.

PRIVATE TUITION.

M. Breckons, E. E. Burnham, *General Lying-in Hospital*; E. E. Carter, *Greenwich Union Infirmary*; M. E. Chamberlain, S. J. Cherry, *Bradford Union Hospital*; E. M. Corney, I. J. Croll, E. Cudworth, M. G. Dodds, *Belfast Union Maternity Hospital*; F. G. Edge, *Birkenhead Maternity Hospital*; M. M. Ferguson, E. Fisher, A. Foot, M. K. Forrester, M. Grant, M. Hall, C. Harris, *Kingswood Nurses' Home*; A. Hattersley, *St. Mary's Hospitals, Manchester*; W. J. Hill, E. Hoyle, S. C. Hughes, F. M. C. Jockson, L. Jellyman, L. Jones, H. Joule, *St. Mary's Hospitals, Manchester*; J. F. B. Keir, *General Lying-in Hospital*; M. F. Keir, J. Kinghorn, E. B. E. Lea, N. F. A. Le Brun, E. Ledder, *Rochdale Union Workhouse*; E. J. Legg, H. H. Lewis, A. M. Mackay, M. R. Mole, R. Moore, M. Morrison, M. G. Moth, J. Muir, E. L. Nobes, *General Lying-in Hospital*; M. Oldfield, R. Palmer, *General Lying-in Hospital*; L. M. Parkhouse, A. Peplow, M. Pickett, N. Playne, W. Protheroe, A. M. Puncher, M. A. Rees, A. B. Reid, N. Rhodes, M. Richards, H. M. Roberts, A. A. Robertson, G. Sage, *Kingswood Nurses' Home*; A. C. Scott, M. Seright, E. A. Smith, A. M. Steele, E. Stewart, A. L. Stone, M. Stott, *Rochdale Union Workhouse*; M. Stubbs, R. Sworder, *Poplar Union Workhouse*; E. M. Tennant, *General Lying-in Hospital*; S. A. Thomas, L. Thomson, M. M. Tildesley, M. Tweedale, *Rochdale Union Workhouse*; E. T. Undy, F. E. Warren, G. E. Waters, M. B. W. Weatherup, *Belfast Union Maternity Hospital*; M. Wilkinson, *St. Mary's Hospitals, Manchester*; E. G. Williams, R. Williams, M. A. Wilson, M. A. Wood, *Bradford Union Hospital*; M. S. Wright, *Greenwich Union Infirmary*.

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EDITORIAL.

THE DESECRATION OF THE UNIFORM OF THE TRAINED NURSE.

It is always interesting to trace to their source the origin of national customs, and the uniform of the trained nurse is unquestionably her heritage from the religious sisters who made the nursing of the sick their special care; and the veil to which so many trained nurses have clung so tenaciously, is really a useless, unpractical appendage to a uniform bonnet, which originated in the conventual veil still worn out of doors by members of religious communities.

A uniform is always a sign of honourable service, and an inspiration to loyalty, discipline and *esprit de corps*. It is impossible to conceive of an efficient Navy or Army without the respective uniforms which are such a source of legitimate pride to their wearers, or to imagine that these Services could have attained the prestige and cohesion they now enjoy, if they had had no outward and visible sign of unity. Pride of cloth is a most effective element in maintaining self-respect, and even the most unworthy members of the national Services will respect the King's uniform, and hesitate to do anything to bring it into contempt.

And as the uniforms of the Navy and Army indicate that the wearers are servants of the King, so the uniform of the trained nurse indicates her consecration to the service of the sick, for this reason it should always be worn with a certain gravity and restraint, and with jealousy for its honour, for nursing is a serious and responsible work, not to be undertaken lightly. Cloak and bonnet must be professional, in appearance becoming, and well brushed; white

bonnet strings and collar, if worn, fresh and spotless. A quarter of a century ago the uniform of a nurse was an outward and visible sign associated in the minds of the public with an inward and spiritual grace, and a nurse in uniform might venture into haunts of evil repute, where no policeman would go alone, serenely confident of the respect of the most dangerous criminals for the wearer, whose errand they well knew to be one of mercy to suffering humanity.

The lack of respect shown to nurses' uniform at the present day is not evidence of lack of respect to trained nurses, but indicates that the prestige of uniform, as worn by them has resulted in its use by thieves, prostitutes, abortionists, procuresses, and other criminal and immoral persons, as a disguise in which they can prosecute their nefarious designs without suspicion.

Is the honoured uniform of the trained nurse to be permanently allowed to pass to unholy uses? It is for the public, as represented by Parliament, to determine. For the last quarter of a century nurses have been asking for their legal registration by the State, with self-governing powers which would enable them to maintain discipline in the ranks of their profession, and to protect the honour and good name of registered nurses. When a Nurses' Registration Act becomes law, it will not be past the wit of women to devise some means of restricting the use of a uniform to registered nurses, and to bonâ-fide pupils in training. The professional organization of trained nurses has been too long delayed. Now the scandals resulting from disorganization are so gross that it is imperative that Parliament should forthwith deal with the question.

MEDICAL MATTERS.

TREATMENT OF BURNS BY THE APPLICATION OF ALCOHOL.

The *Lancet* quotes from an Australian contemporary the following account by Dr. E. T. C. Milligan of a method of treating burns which he has found more satisfactory than the current methods. In burns of the second, third, and fourth degree, cleansing with antiseptic lotions is usually recommended. He says that the moisture causes the sloughs to become septic—in other words, converts dry into moist gangrene. Frequent and painful dressings are then necessary. Dr. Milligan excludes water from the treatment, and applies alcohol. He thus prevents moist gangrene and inflammation, and saves much suffering. A child, instead of spending several months in hospital, can soon have the burn grafted, and run about. The details of the method are as follows. If the patient is in such a state of shock that he cannot stand an anæsthetic, a watery saturated solution of picric acid is applied on lint, and protective is put over this to prevent evaporation. On the next day the protective is lifted and more of the solution is poured over the lint, which is not changed. On the third day the patient is either obviously going to die or can stand an anæsthetic. If the picric acid be continued any longer the burn will become offensive. Dr. Milligan has not found the picric acid treatment of burns satisfactory, and simply uses it in the absence of anything better for a patient in condition of shock. Moreover, the acid is absorbed, and may cause toxic symptoms. If the patient is in a condition to allow the administration of an anæsthetic, he is given chloroform, and the burns are cleansed with sterile gauze wrung out of 70 per cent. alcohol. The whole surface of the burn and the surrounding skin is rubbed vigorously. Blisters are rubbed off, with all dead tissue. No blister is pricked, nor is the dead skin allowed to remain to keep fluid pent up, only to be infected by the organisms of the skin. Dead tissue is more effectively and easily rubbed off than removed with scissors and forceps. After thorough cleansing, a dressing of sterile gauze wrung out of the alcohol is applied. Over this dry gauze and wool are applied, and then a bandage. Under chloroform the same process is repeated daily. Every other day will not do, for the burns begin to be septic and offensive. The parts are rubbed, not wiped, with the gauze wrung out of alcohol. On beginning to remove the dressing it will be found stuck to the surface. By pulling upon it, bits of dead tissue are satisfactorily removed. The dressings are con-

tinued for about eight days, when burns which have not destroyed the whole thickness of the skin will be found in such a clean state that boroglyceride gauze or gutta-percha tissue can be applied as a dressing without any pain. It is striking how rapidly the burns now heal under the boroglyceride. If they become infected again, one cleansing with alcohol, followed by one alcohol dressing, will render them again aseptic. Burns which involve the whole thickness of the skin take longer, on account of the sloughs. Under the alcohol treatment these become black, dry, and shrivelled up, and can be torn off or dissected off with a sharp scalpel and forceps. Valuable time will be lost if the surgeon waits for the sloughs to separate. The best results follow the cutting off of the sloughs, for they are not sodden, and the surface is aseptic. A scalpel must be used, for it leaves a clean cut, with no track of dead and injured cells as a scissors does. Dr. Milligan has employed this treatment during five months for a great number of burns in the Children's Hospital, Melbourne. One case of extensive and deep burns was fatal. Two large duodenal ulcers were found at the necropsy, but at the time of death (twelfth day) the burns were in an aseptic state, with all the sloughs removed. In all the other cases healing was most satisfactory. They included burns and scalds of almost all parts of the body, some deep, some on the face, and some on the buttocks, where cleanliness is difficult to maintain in young children. The daily use of chloroform did not prove in any way injurious. There was never any vomiting to interfere with the taking of food, so necessary for a burnt child. Anæsthesia must be employed, otherwise the application of alcohol would be too painful.

MEMORIAL TO LORD LISTER.

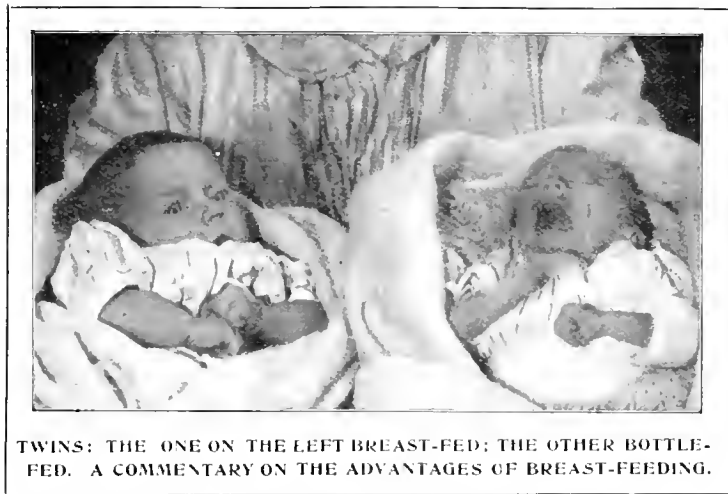
At a meeting in Oxford, in support of the Royal Society, to commemorate Lord Lister's services to humanity, Sir William Osler said there was no question that Lister's work had saved more lives directly than probably the work of any individual man. In the nineteenth century there were four advances of first rank—preventive medicine, initiated by Jenner, which had really been one of the great glories of British medicine; the discovery and confirmation of the germ theory of disease initiated by Pasteur and carried on by Koch; anæsthesia, which they owed to America; and the fourth was the great antiseptic treatment by Lister. Lister's work was remarkable for three things—its universality, its life-saving and health-giving features, and the colossal saving of pain that had been effected by antiseptic surgery.

LECTURES ON DISEASES OF CHILDREN.

A book which must rank as a classic on children's diseases, is "Lectures on Diseases of Children," by Dr. Robert Hutchison,

author and publisher we are able to reproduce the accompanying specimens.

Our illustration of twins indicates in the most striking manner possible the advantages of breast feeding.



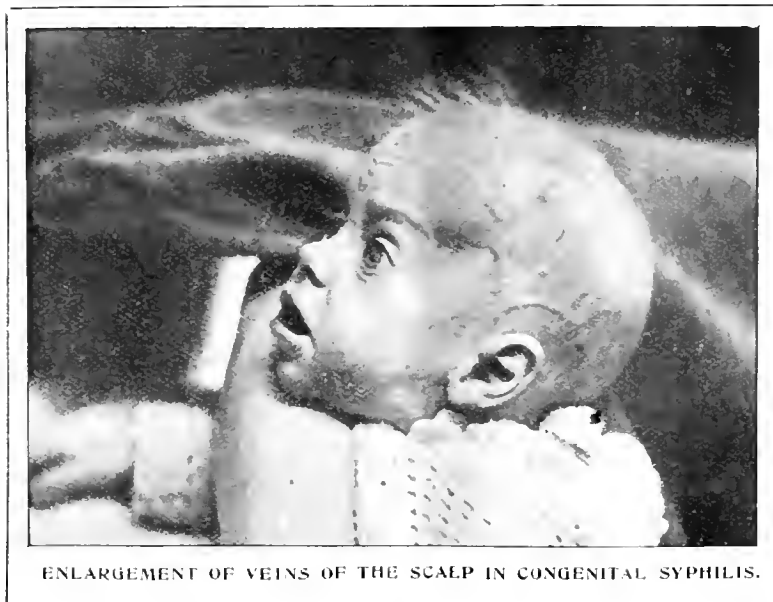
Of congenital syphilis, with all its sad inheritance of pain and disease, nurses unfortunately see far too much. Our second illustration shows a case of enlargement of the veins in a case of congenital syphilis.

Another characteristic, often, though by no means always present in cases of this kind, to which the author draws attention, is a peculiarity of the hair. In many of these children the hair is unusually long, also straight, fine in texture, and usually dark in colour, suggesting fur rather than hair—"a combination of things which one is in the habit

of describing as the 'syphilitic wig.'"
A symptom of congenital syphilitis, emphasised by Dr. Eustace Smith, is restlessness at night. Syphilitic children, for some

F.R.C.P., Physician to the London Hospital, and to the Hospital for Sick Children, Great Ormond Street, W.C., published by Mr. Edward Arnold, 41, Maddox Street, London, W., price 10s. 6d. nett.

The lectures were first delivered as a systematic course at the London Hospital, and afterwards gathered together and published at the request of many who listened to them. The present—and third—edition, just published, is enriched by the addition of six new lectures and several new illustrations. The text of these lectures is distinguished by depth of knowledge, points of great practical importance, and clarity of expression, so that the book is a delight to read, as well as an invaluable work of reference, not only for students and medical practitioners, for whom it is primarily written, but for nurses also, who will find much to help them in their work in its pages. Of the quality and interest of its illustrations our readers can judge, as by the kindness of the



reason or other, are apt to be wakeful and restless at night, and to cry a great deal at that time. Dr. Smith suggests that this may be due to the existence of periosteal pains, just

as there are often pains in the bones of adults who suffer from syphilis.

Our third illustration is of a child with "adenoid chest," which occurs in older children. Its chief peculiarity is a sinking in of the xiphisternum and lower costal cartilages.

In the first lecture, on the "Clinical Examination of Sick Children," the author expresses the opinion that the study of diseases of children is one which is apt to be neglected in general hospitals, one reason being that there is no demand made at the ordinary qualifying examinations for a special knowledge of the diseases of children, the consequence of which is that many men when they qualify know almost nothing of many of the commonest ailments of infant life. The same may be said with equal truth of many nurses who leave a general hospital armed with a three years' certificate.

A practical bit of advice in connection with the clinical examination of children is, "Never look a baby in the face. . . . There is no surer way of making a baby cry, and therefore of making it far more difficult to examine than by staring it in the face."

In connection with palpation, the author writes:—"The advice used to be given by an old teacher of mine that you should always 'paw your babies.' That was very sound advice. But I would remind you of the importance of a warm hand in doing so. Though it is now very far back in point of time, I remember still having been handled by a doctor with very cold hands, and I never forgot it, or forgave him."

It is impossible to refer in the limits of a short review, even in the briefest way, to each of the lectures contained in this work. Each merits careful study, and every page contains information of value.

The Artificial Feeding of Infants is a subject which the author states exceeds, perhaps, in importance any to which he has occasion to

direct attention throughout the course of lectures.

"The first question you have to ask yourselves is, Why should artificial feeding of children be necessary at all? You know that in the natural state of things every woman is the source of nourishment for her own child, but you will not have been long in practice before you realise that under modern conditions it is the minority of women who can nurse, or do nurse, their own children. It would be unjust to the female sex generally to say that this inability to nurse their children is their own fault. I do not think that is true; I think, in

the majority of cases, one can say that the woman is unable—not unwilling—to nurse her own child. Now that is a phenomenon of very considerable gravity. . . . It seems to be a part of the price which we pay for civilisation."

If a woman begins to nurse her own child, there is, in the opinion of the author, only one condition on the part of the child that justifies premature weaning, that is persistent loss of weight; "that is," says Dr. Hutchison, "an indication, and an imperative one, and there is no other imperative indication that I know of."

Another pithy bit of advice is to be certain you have corrected any digestive disturbances in the child before con-

cluding that the breast milk is insufficient, especially constipation, for constipation is the vice of breast-fed babies, as diarrhoea is the vice of bottle-fed babies.

Dr. Hutchison discusses the bottles to be used in the case of artificial feeding, and with regard to the teat, says that many cases of failure are due to its having too small an aperture in the top. It is big enough if, when you hold the bottle upside down, the milk drops slowly, at the rate of about one drop per second. It ought not to require a great deal of sucking on the part of the baby, or it will be apt to give the child flatulence, or the infant will leave off sucking before he is satisfied.



ADENOID CHEST, SHOWING DEPRESSION OF XIPHISTERNUM.

If neither diluted cow's milk nor other preparations, even peptonized milk, suit an infant, Dr. Hutchison recommends giving a little gray powder a trial. He writes:—"I do not know how the gray powder acts in those cases, but I am satisfied that in many cases, even although there is no reason to suppose there is a congenital syphilitic taint, the administration of gray powder will in some mysterious way make all the difference to the child's digestive power. . . . Gray powder seems to fatten some children just as cod liver oil does."

If, in spite of this, digestion does not improve, the author recommends the use of whey fortified with cream or white of egg.

Diarrhœa is an important disease dealt with, and one of the new chapters treats of cœliac disease, a "by no means uncommon condition, and one which is very well defined, although it has not found its way, curiously enough, into the text books. The clinical characteristics are wasting, diarrhœa, characterised by stools that are not numerous, but large, pale, and offensive, distension of the abdomen, a curious mental attitude, and certain complications, such as weakness of the legs with absence of knee jerks, toxic or essential œdema, tetany, and sometimes convulsions."

(To be concluded.)

QUEEN ALEXANDRA AND QUEEN'S NURSES.

The following congratulatory telegram was sent to Her Majesty Queen Alexandra from Queen Victoria's Jubilee Institute for Nurses on the occasion of the fiftieth anniversary of Her Majesty's arrival in England.

The Council and Nurses of Queen Victoria's Jubilee Institute for Nurses present their humble duty and beg leave to offer their congratulations on the fiftieth anniversary of your Majesty's arrival in England.

HAROLD BOULTON,

*Vice-Chairman, on behalf of Lord Goschen,
Chairman, at present abroad.*

The following is a copy of reply received:—

March 7th, 1913.

Please convey to the Council and Nurses of Queen Victoria's Jubilee Institute for Nurses Queen Alexandra's sincere thanks for their kind congratulations on the fiftieth anniversary of Her Majesty's arrival in England.

STREATFIELD.

OUR PRIZE COMPETITION.

WHAT IS THE DISTINCTION BETWEEN ABORTION, MISCARRIAGE, AND PREMATURE LABOUR?

We have pleasure in awarding the prize this week to Miss Elizabeth Douglas, Maternity Hospital, Belfast Union, Belfast.

PRIZE PAPER.

Abortion is the expulsion of the ovum from the uterus, before the complete formation of the placenta and before the commencement of the fourth month.

Miscarriage is the expulsion of the ovum after the placenta is formed but before the fœtus is viable, that is likely to live, and before the twenty-eighth week.

Premature labour is the expulsion of the ovum after the twenty-eighth week, or after the fœtus is likely to live, but before the full term of forty weeks.

ABORTION.

There are two causes which tend to bring on abortion, predisposing and exciting causes. The predisposing are the most important, as they can usually be treated, and in a good many instances cured. The exciting causes are not of so much consequence, as they only tend to bring on abortion if the predisposing cause is already present.

The most prevalent cause of abortion is endometritis, which may either be a primary condition, or secondary to some other condition, such as renal disease or syphilis, or some malposition of the uterus.

The exciting cause may be a fall, a severe fit of coughing, or the woman may overstrain herself in some way. If the endometrium is unhealthy, anything of this nature may bring on abortion; but very rarely will if there is a healthy uterus.

Pyrexia, and hyperpyrexia, may bring about abortion without any predisposing cause. The sudden rise of temperature kills the embryo, and the ovum is then expelled. Syphilis of the embryo acts in the same manner, *i.e.*, the embryo dies and the ovum is expelled.

A sudden rise of temperature is more likely to kill the embryo than a gradual rise.

During the first three months the ovum is almost entirely attached to the uterus by vascular adhesion, and the detachment causes free hæmorrhage.

MISCARRIAGE.

Miscarriage is brought about by the detachment of a normally situated placenta, as in

abortion there is usually some endometritis, followed by some exciting cause, a fall or blow or overstrain, as in lifting some heavy weight, and in some cases a fright would cause a contraction of the uterus strong enough to cause some of the placenta to become detached, and hæmorrhage to occur. In some cases the blood escapes from the uterus as quickly as it flows from the ruptured blood vessels. On the other hand, there may be a certain amount of concealed hæmorrhage, which changes into external hæmorrhage as soon as the intra-uterine pressure becomes strong enough to overcome the resistance to the escape of blood, then dilatation of the cervix takes place, and the fœtus is expelled, with the placenta following, just as in a full term labour.

Examine the placenta carefully, as it is very closely adherent to the uterus during second three months, and some small pieces might be left behind and set up Sæpæmia.

PREMATURE LABOUR.

Premature labour may come from the detachment of a normally situated placenta, as in the case of a miscarriage, or it may be brought about by placenta prævia. In the case of placenta prævia, pains and hæmorrhage start about the seventh month. This is a very serious condition both for mother and child, and the nurse should at once advise the relatives to have a doctor called in.

There is usually a good deal of ante-partum hæmorrhage, and serious danger to life of both mother and child.

The detachment of a placenta prævia may be brought about by the cause which detaches a normally situated placenta; or the presence of painless contraction in the latter months of pregnancy, causing an increase of tension in the uterus, and probably accompanied by some dilatation of the internal os, may cause detachment of the margin of the placenta, which will be followed by dilatation of the cervix and premature labour, and expulsion of a premature fœtus.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Helen Cynthia Ashley, Miss Jessie J. Jackson, Miss H. Scott, Miss Gladys Tatham, Miss Jean Macdonzie, Miss M. E. Stewart, Miss O'Donoghue.

Miss Ashley points out that there are women who are said to have the "habit of aborting," that is, when the ovum is expelled about the same time during each pregnancy without any apparent cause. In this case the patient must consult a medical practitioner. Some authorities consider that the term abortion should only

be used when pregnancy has been terminated criminally.

Miss Jackson writes:—

The term abortion means the premature separation and expulsion of the contents of the uterus, occurring in the early months of pregnancy, ending at the fourth month.

There are several other terms in connection with abortions, some of which are:—

Threatened abortion, in which the symptoms occur, but pass away under careful treatment.

Inevitable abortion, which is the reverse, and cannot be averted by treatment.

Complete abortion, in which the entire ovum is passed, whereas in incomplete abortion a portion is retained, probably the placenta.

Induced abortion is an operation performed when it is considered that for some reason the continuation of pregnancy will endanger the mother's life.

Criminal abortion is a term used for any attempt made to shorten pregnancy for an insufficient reason.

Abortion is far from uncommon, and may be induced by numerous causes, both of a local and general nature. Malformation of the pelvis, accidental injuries, and diseases and displacements to which the uterus is liable on the one hand, and on the other various morbid conditions of the ovum or placenta, leading to the death of the fœtus, are among the direct local causes of abortion. If alive at birth, the fœtus may survive a few hours at the end of fourth month.

It is very usual for some portion of the placenta and membranes to be retained, when curettage is advisable.

Miss Gladys Tatham points out that miscarriage may be of two varieties: threatened and inevitable. The principal signs and symptoms of the latter are severe hæmorrhage, regular uterine contractions, and dilation of the cervical canal. It is not necessary that all these conditions are present together.

While waiting for the doctor, the midwife must put the patient to bed. If the bleeding is severe, she can give a hot vaginal douche (115° F.). She must avoid anything likely to excite the patient: give no alcohol or hot drinks. *Everything* that is passed from the vagina must be saved for the doctor's inspection, or he cannot possibly decide whether the miscarriage is complete (the whole ovum having come away) or incomplete (some part of the placenta or membranes retained).

QUESTION FOR NEXT WEEK.

Describe the best method of flushing the bowel.

THE NURSES' REGISTRATION BILL.

Within a week Parliament has been prorogued, and a new Session opened, so strenuous are the times we live in, and the Nurses' Registration Bill will again be introduced into the House of Commons at an early date by the Right Honourable R. C. Munro-Ferguson, M.P. It will be backed by members of all parties in the House, and as the Prime Minister has promised that its claims shall receive consideration, we hope every registrationist in the country will do her part in pushing forward such claims with the utmost persistency. The nursing profession is sinking in public estimation every day, as so many undesirables exploit it for a living, and the interested, or stupid opposition to nursing organisation by State authority in England, is now widely resented by the intelligent general public, who suffer from the lack of efficiency and discipline of many women in its ranks.

SCOTTISH MATRONS' ASSOCIATION.

ANNUAL MEETING.

A very full and representative meeting was held on Saturday, March 1st, at the Edinburgh Hospital for Women and Children, Miss Gill, President of the Association, in the chair.

Miss Gill, in her opening remarks, spoke of the work of the Association during the year, and called attention to the satisfactory increase in the membership. The Association, on inauguration three years ago, numbered 88, and now is starting its fourth year with 120 members. The office-bearers for 1913 were elected, and also seven new members. The Treasurer's report showed a balance in hand of £10 14s. 2d.

Papers on "Should Nurses accept Presents from Patients?" were read by Miss Torrance and Miss Davidson, and a general discussion followed, the feeling of the meeting being against the practice. The date and place of next meeting were fixed for May 31st at Stirling District Asylum, Larbert, and it was decided to collect statistics as to the remuneration of nurses, with a view to a discussion on the subject.

Votes of thanks to the President for presiding; Miss Morrison, Matron of the hospital, for her kind hospitality; Miss Torrance and Miss Davidson for their papers, concluded the meeting, after which tea was served, and the members were given an opportunity to visit the hospital wards.

OFFICE-BEARERS FOR 1913.

President: Miss Gill, R.R.C., Lady Superintendent, Royal Infirmary, Edinburgh.

Vice-Presidents: Miss Melrose, Matron, Royal Infirmary, Glasgow; Miss Gregory Smith, Matron, Western Infirmary, Glasgow; Miss Thomas, Matron, City Hospital, Edinburgh; Miss Gordon, Matron, Dumfries and Galloway Royal Infirmary.

Hon. Treasurer: Miss Wise, Lady Superintendent, Craighouse, Royal Edinburgh Asylum.

Hon. Secretary: Miss Graham, Matron, Scottish Association of Trained Nurses, 15, Alva Street, Edinburgh.

Members of Council: Miss Marchant, Matron, Eastern District Hospital, Glasgow; Miss Glendinning, Matron, Infirmary, Falkirk; Miss Berwick, Superintendent, Q.V.J.N., Higginbotham Home, Glasgow; Miss Frater, City Hospital, Aberdeen.

REGISTRATION IN THE TRANSVAAL.

At an ordinary meeting of the Transvaal Medical Council held recently at Johannesburg, at which Dr. W. T. F. Davies presided, the subject of the registration of nurses holding foreign qualifications was discussed in connection with a petition from the Zuid Afrikaans Hospital, Pretoria, praying the Council to amend the regulations for trained nurses which empower it to grant a certificate of competence as a trained nurse to any person trained in England, Ireland, or Scotland, or any British possession holding a certificate, after examination, from any institution or body recognised by the Council. At the same time, the regulations provide that all persons holding foreign diplomas must pass the Council's examination before being accepted for registration.

The authorities of the above hospital were anxious that similar recognition to that given to nurses who possess British certificates should be accorded to those holding certificates granted by responsible examining authorities in Holland.

The Council refused the petition on the ground that it was unable to find any sufficient reason for amending the regulations for trained nurses in the direction indicated in the petition, being influenced by the consideration that if the present practice of the Council were departed from the door would have to be opened not only to Holland, but to all foreign countries, and that as registration in the Transvaal is optional and not obligatory the nurses imported for service in the Zuid Afrikaans Hospital are under no disability.

Dr. Veale, who supported the petition of the Hospital, protested that while the English section of the population was protected it was unfair, in a cosmopolitan country, that nurses of other nations should not be recognised, and urged that a political factor was thus introduced.

The remedy lies not in extending recognition further, but in insisting that all nurses, British or foreign, who desire to register in the Transvaal

should pass the examination required of nurses in that country, with the exception of the nurses from countries where State Registration and Examination are in force, and when a system of reciprocity of recognition exists between such countries and the Transvaal. At present it the Transvaal Medical Council accepts British certificates it accepts quite unknown quantities, and if it "grants a certificate of competence as a trained nurse" it should first satisfy itself that the person certificated is competent.

NURSES' MISSIONARY LEAGUE.

The Summer Camp for Nurses, arranged by the Nurses' Missionary League, to which so many nurses look forward with pleasure, will this year—from June 14th to 28th—be held at Normanby House, Sandsend, on the York-shire coast, near Whitby and Scarborough. There is good bathing, and there are opportunities for delightful walks and picnics. The cost of the journey from London will be £1 2s. 6d. for a fortnight, and £1 for a week. The entire cost beyond will be for those sharing a room, 18s. 6d., or for a single bedroom 25s. There is a registration fee of 1s. Further information may be obtained from Miss H. Y. Richardson, Secretary N.M.L., 52, Lower Sloane Street, S.W.

It is anticipated that some missionary nurses and doctors will be present, as well as members of the Nurses' Missionary League Committee and other friends. It is hoped that as many as possible will attend for the fortnight, but nurses will be welcome for shorter periods.

LEGAL MATTERS.

At a meeting of the Macclesfield Board of Guardians, last week, the clerk reported that a telegram had been received from a nurse who had been appointed at a previous meeting, stating that she was unable to accept the position. She was to have commenced duties on the previous day.

Mr. Brown thought a protest should be recorded with regard to the repeated instances of that kind. For a trained nurse to treat a public institution in that way was disreputable.

Mr. Yates: Cannot we sue her for a month's wages, in lieu of notice?

The Clerk: I take it we can.

A resolution was adopted, instructing the clerk to write to the nurse, demanding a month's wages in lieu of notice; and if the money was not paid to take proceedings.

Such breach of agreement upon the part of a nurse quite deserves, in our opinion, the demand made by the Guardians. We have alluded to this lack of honourable business responsibility upon the part of trained nurses before. It is greatly to be deplored that they should play fast and loose with appointments—considering the inconvenience such conduct entails.

APPOINTMENTS.

MATRON.

Royal Orthopædic and Spinal Hospital, Birmingham.—Miss Mabel Hadley has been appointed Matron. She was trained at the General Hospital, Birmingham, and has since held the posts of Sister of the children's ward and theatre at the Wolverhampton General Hospital, and ward and Home Sister at the General Hospital, Birmingham.

Epileptic Colony, Lingfield.—Miss Nora M. Henson has been appointed Matron. She was trained at the Royal Infirmary, Bristol, and has worked on its private nursing staff. She has also held the positions of nurse at the Friends Co-educational School, Sidcot, Somerset, and Senior School Nurse under the Brighton Education Committee. She possesses the Health Visitors' and School Nurses' certificate of the Royal Sanitary Institute and is a certified midwife.

NURSE-MATRON.

Falmouth Hospital, Falmouth.—Miss Agnes M. Gordon has been appointed Nurse Matron. She was trained at the Royal South Hants and Southampton Hospital, where she has held the positions of Outpatient Sister, Theatre Sister, and Sister of a male surgical ward. For the last twelve months she has had experience of private nursing.

ASSISTANT MATRON.

Stirling District Asylum, Larbert.—Miss C. M. Duffy has been appointed Assistant Matron and Sister. She was trained at the Royal Infirmary, Wigan, and has been Sister at Liverpool City Hospital, Assistant Matron, Lodge Moor Hospital, Sheffield, and Matron at the Borough Hospital, Leicester.

Auckland Hospital, Auckland, New Zealand.—Miss Annie Caroline Robins has been appointed Assistant Matron. She was trained at Guy's Hospital, and has held the positions of Sister and Assistant Matron at the Taunton and Somerset Hospital, Taunton, and was on the staff of the Registered Nurses' Society when selected for the above post at a rising salary of £100 a year.

SISTER.

Maternity Hospital, Leeds.—Miss A. Howard has been appointed Sister. She was trained at the Royal Infirmary, Leicester; and has temporarily held the position of Sister at the Women's Hospital, Liverpool; and of Staff Nurse, at St. Mary's Hospital, Manchester. She is a certified midwife.

The Hospital, Penzance.—Miss F. Steggall has been appointed Sister. She was trained at the Royal Dundee Infirmary, and has held the position of Sister at Lord Mayor Treloar's Cripples Hospital at Alton, and the Royal Waterloo Hospital for Women and Children, S.E.

The Sanatorium, Huddersfield.—Miss Florence Greenlees has been appointed Sister. She was trained at the Monsall Fever Hospital; and has been Sister at the Astley Sanatorium, Manchester.

SCHOOL NURSE.

Kettering Urban District Council, Kettering.—Miss Emily Elizabeth Ewing, of Camborne, has been appointed School Nurse. She was trained at the Norwich Infirmary and at Stobhill Hospital, Glasgow, and received midwifery training in connection with the Three Towns Midwifery Training School, Plymouth. She has also done district nursing in connection with the Cornwall County Nursing Association.

TUBERCULOSIS NURSE.

County Borough of St. Helen's.—Miss Mary Dudley has been appointed Tuberculosis Nurse. She was trained at the Royal Infirmary, Liverpool, and has held the position of Sister at the Blackburn and East Lancashire Infirmary, of Night Sister at the Hospital for Women, Shaw Street, Liverpool, and of Sister of Children's Wards at the Park Hospital, Hither Green, S.E.

LADY HEALTH VISITOR.

County Borough of Wigan.—Miss Jessie G. A. Norman has been appointed Lady Health Visitor. She holds the following certificates:—1, The Royal Sanitary Institute's Inspector of Nuisances; 2, Hygiene and its bearing on School Life; 3, Woman Health Visitor and School Nurse; 4, Sanitary Inspector's Examination Board, London; 5, Royal Maternity Charity of London (Midwifery); 6, Central Midwives Board. Miss Norman has been temporary Female Sanitary Inspector and Lady Health Visitor to Tottenham Urban District Council.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse Miss Anne S. Siddons is placed on retired pay on account of ill-health. Dated March 7th.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The undermentioned lady nurse has been permitted to resign the Service: Nursing Sister Miss Clara Elizabeth Pocock. Dated January 3rd.

Miss Winifred H. Wright has been appointed a Sister in the Service.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Ada Dicks is appointed to Cheltenham (Shurdington District); Miss Clara Holland, to High Wycombe; Miss Ethel Wood, to Gloucester.

In reporting the appointment to the Matronship of the Cottage Hospital and Convalescent Home, Scarborough, last week, the lady appointed should have been notified as Mrs., not Miss Leavis.

A BEAUTIFUL TESTIMONY.

A most exquisite chaplet of mauve orchids and lilac was sent by Miss Cutler, Mrs. Preston, Miss Curtis, and the Sisters of St. Bartholomew's Hospital, London, on March 6th, the third anniversary of the lamented death of the late Miss Isla Stewart, and was on that day placed on her grave at Moffat, "a beautiful testimony that her memory is still dear to those who loved her."

NURSING ECHOES.

We are glad to note the continued financial success of the Nurses' Co-operation, 8, New Cavendish Street, W., the fees received by the nurses having considerably exceeded those earned by them in any one year since the Co-operation was founded in 1891.

The Annual Report states that in connection with the National Insurance Act many difficult subjects have presented themselves for solution. In the case of the Co-operation the patient is the employer, and therefore liable to pay the employer's contribution of 3d. per week. It was felt, however, that to claim this sum would place the Co-operation at a disadvantage in competing with proprietary institutions, and by an overwhelming majority the nursing members have decided to pay the whole amount themselves. The Insurance Commissioners are cognizant of the arrangement.

The routine work of the office has, under the able supervision of the Lady Superintendent, Miss Hoadley, been accomplished, it is stated, with marked success, and Miss Baker's valuable services as Home Sister require no comment. We greatly regret to learn that there have been five deaths of members of the nursing staff during the past year.

The members of the Staff of the Co-operation are a large body of professional women who might well bring considerable influence to bear on questions affecting the profession as a whole, and it is to be regretted that so far they have taken no corporate action in this direction. As they are well represented on the Committee, the responsibility for this cannot be laid at the door of the lay members.

We are sorry to hear that there has been much friction at the King Edward Home for Nurses at Clapham, between those residents who were satisfied with the management, and those who were not. Quite frankly, we rather pity the matron of such an institution, as it must be very difficult to satisfy a number of nurses—all past work—whose means are very limited, living under one roof where economy of management is necessary. It has been found by past experience, with other classes of people than nurses, that segregation under one roof does not make for their happiness, and it is a pity the scheme has not been carried

out on somewhat different lines. We think such Homes should be built, and not adapted, and let each nurse have her own little flat, and street door, on the delightful plan of the sweet little homes built at Bournville, with a large green in the centre, and why not a bit of garden at the back? As the King Edward Homes for Nurses are in part a charity, let the contributions be generous, and do away with the system of supervision and restrictions. The one thing a tired nurse longs for upon retirement is privacy and independence. As more Homes for Nurses are to be arranged, let them be organised on quite a different basis to that at Clapham. However good a matron may be, it is the fact of officialism in any form which matters, and substitutes the institution life for that of a real home.

Speaking at the quarterly general and special Court of Governors of the London Hospital, the Hon. Sydney Holland, Chairman, said, in referring to the Insurance Act, that "the whole thing was at present in the pot—it might be the melting pot for all he knew. . . . The present state of things could not go on for ever. They were spending £900 a year in insuring the nurses, who did not want the Act at all."

Considering the large profits—many thousands of pounds annually, made by the London Hospital out of its Private Nurses' Business, it would have been more accurate to have put the case thus:—"The nurses under the Insurance Act are taxed to the extent of £900 a year, which they are compelled to pay—although they do not want or need the Act at all." What can be more unjust than that these hard-working women should be taxed without their consent for "benefits" to which they object. Here is a case where taxation without representation is specially tyrannous.

Frankly, is not this a case of the pot calling the kettle black? Clearly the Chancellor thinks he has a right to "butt in" and take toll of this profitable bit of trading, and Mr. Holland should be the last man to blame him. The one aspect of the case which is quite irrefutable is that the woman pays, and pays excessively, as she always will do until she has the vote, and can help to make the laws which control the profits of her own labour.

The case of Warham v. Selfridge, which has been widely reported, will, we have no doubt, prevent genuine buyers frequenting that

emporium. Indeed, it becomes increasingly difficult to get served there, owing to the thousands of idle women and children who frequent it for no other reason than as a raree show. Only last week a much respected matron was inspecting petticoats at a counter, when she heard one quite young assistant remark to another, "If you don't take care, one of those skirts will be missing by-and-by." Naturally the lady in question departed in high dudgeon. She was not in uniform—or no doubt the offensive remark might have had some justification.

In her appeal for that most excellent institution, the Sarah Acland District Nurses at Oxford, Miss Katherine H. Robinson, the Hon. Secretary, proves how necessary it is that district work should be undertaken by the well trained and highly skilled only. She writes:—"To very many the term 'District Nurse' is but a vague expression, merely suggesting a being who flits from house to house attending to minor ailments, and speaking a word in season whenever possible. But how different is the real being, who as part of her daily task has to struggle with pneumonia, cancer in its most terrible forms, all varieties of tuberculosis, and rheumatic fever—these are the illnesses which are nursed at home, and which in the 'case books' occur with painful and monotonous frequency." More than 1,000 patients pass annually through the skilled hands of the Sarah Acland Nurses—and as the majority of them are women and children or uninsured persons, the benefits obtainable through the Insurance Act do not affect them. We hope the appeal will meet with generous support.

At the annual meeting of the Dorset County Home for Nurses held at the County Hospital, Dorchester, we are glad to observe that the Chairman of Committee, Captain J. E. Acland, said that it was impossible for the nurses to look after the patients and do housework as well, and he suggested the rules should be altered, so that nurses should not live in the same house as the patients.

Dr. Morrice said he thought they ought to take a firm stand with regard to domestic work, otherwise they would not be able to maintain the standard of training that they had aimed at. Nurses would not train if they found they had to perform duties outside their proper work. They knew it was hard sometimes for a man to

find someone to do all the household work that the wife had been in the habit of doing, but, nevertheless, the Home must take a positive stand in the matter.

Captain Acland asked whether in the case of serious illness the village itself could not supply an assistant or a mother's help. He also said it was possible to start a new class of nurse and have nurses trained from the cottage class, who would go to cottage cases, but that would alter their principles that the poor people should have the highest and best class of nursing.

Herein lies the remedy. If cottage helps only are required when the poor are really ill, nothing more need be done, but with Captain Acland we claim it is skilled nursing they need, and in every village it is quite easy to get domestic help if it is paid for. The Sick Room Helps Society is organised on these lines, and works admirably.

Mr. Taylor's lecture to the Irish Nurses' Association, "Signs and Symptoms," which was unavoidably postponed from February 26th, was given on March 6th in the lecture room, 34, St. Stephen's Green, Dublin. It is needless to say that it was a most highly interesting and instructive one, and was most thoroughly enjoyed and appreciated by the large number of nurses present.

"South Africa is reported to be very lukewarm with regard to Lady Gladstone's scheme for a South African Order of Nurses, and the response for funds has been far from generous," writes a nurse from Cape Colony. "The private nurses at work here fear competition, and the lowering of fees; doctors prefer things as they are, and the alternative suggestion of having the late King's memorial take the form of a sanatorium would have really been more popular. The Victorian Order in Canada, and the Minto scheme in India, were both adversely criticised at first, but are recognised as good for patients—if not for the financial reward of nurses as a whole. There is no doubt that nursing provided on a co-operative basis by lay committees decreases the economic independence of individual nurses—and as the Colonial nurse is more independent in character than those from England, she resents the organised control more even than the competition in fees. Bush nursing was opposed in Australia for these same reasons."

WELCOME HELP.

Miss Janet M. Stewart sends a subscription of £1 1s. to the funds of the Society for State Registration of Nurses, "in memory of my dear sister Isla."

Miss Musson, Birmingham, also generously sends £1 1s.

NURSES' SOCIAL UNION.

A meeting was held at Bristol, on February 27th, when Professor Walker-Hall, of the Medico-Pathological Department, Bristol University, gave an extremely able, interesting and amusing lecture upon the Serum Treatment of Disease. This being the preliminary lecture, Professor Walker-Hall dwelt upon the growth, development and adaptation of bacteria from the ice-age up to the advent of man upon the earth, and upon the methods by which bacteria are conveyed—dust, air, food, water, fleas and bugs, &c. The lecture was illustrated by lantern slides showing some of the various micro-organisms which cause disease, and how these are combated by phagocytes. There were about sixty present. A hearty vote of thanks, proposed by Miss Harvey, and seconded by Miss Fry, called a response from the Professor that it had been a pleasure to speak to an audience which was "so alive." After the lecture tea was provided at Fort's Restaurant, Clifton. The next of these lectures will be on March 20th.

A meeting was held on Monday, March 3rd, at the N.S.U. Club-Room, George's Café, Weston-super-Mare, when Miss Symonds, the new County Organiser, spoke upon the Moral Training of Girls. The lecturer, who was introduced by Miss Pethick, said that the subject should be of special interest to nurses, not only on account of their opportunities of helping, but also because of the influence they undoubtedly have upon young girls through their self-sacrificing work, and experience of life. In the course of a deeply-interesting and valuable lecture, Miss Symonds said that the coarseness of the eighteenth century had resulted in the prudishness of the nineteenth, and were both to be regretted. She appealed for utter fearlessness as well as for a wise reverence in treating all matters dealing with the mystery of life, and deplored the false modesty which allowed the young to obtain their knowledge of the facts of life from contaminated sources, and permitted them to go out into the world in complete ignorance of the dangers which surrounded them, and of the duties which it was the highest function of a woman to fulfil. Miss Symonds dwelt upon the necessity of training the child from the beginning in habits of self-respect; on the special care of girls at puberty with its unique opportunity for initiation into the mystery of life; and upon the need of instructing them further in the responsibility of choosing the right man to be the possible father of their children. The subject was afterwards thrown open to discussion, and Mrs. Portsmouth Fry proposed and Mrs. Wallace seconded, a hearty vote of thanks to the lecturer.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

A proposal to establish a Masonic Nursing Home in London was approved at the quarterly communication of Grand Lodges, held under the presidency of the Provincial Grand Master, Lord Amptill, at Freemason's Hall, last week. The proposed new home will contain about thirty beds; and will be available for Masons, their wives and families. It will not be a charity, for once the initial cost is defrayed by the subscriptions of the craft, it will be self-supporting.

In connection with the promise of the Lord Mayor, made at the annual court of governors of the City of London Lying-in Hospital, on Thursday, 6th inst., that he would lay before the committee of the Scott Fund the suggestion of naming a ward after the late Captain Scott, and that preference be given to the wives of men in the Army, Navy, and Mercantile Marine, for the use of beds in the ward, Mr. H. Spencer Johnson (the Secretary of the charity), suggests that the beds be named after the five heroes; a suitable brass tablet to be erected on the wall above the bed, together with a framed portrait of the particular man. £1,000 is required to name the ward; and an additional £1,000 is needed to complete the proposal.

The Local Government Board having approved of the proposal, the Managers of the Metropolitan Asylums Board have allocated temporarily certain pavilions in the Northern Hospital for the reception and treatment, under the Insurance Act, of about 200 cases of tuberculosis; and patients are now being received.

Mr. Edwin Tate, J.P., has sent a donation of £500 to increase the accommodation of the Homœopathic Convalescent Home, Eastburne, for the purpose of receiving Male Patients, instead of only women and children as at present.

A convalescent home at Cleeve Prior has been given to the Birmingham and Midland Hospital for Women by Mr. Leopold Myers, in memory of his wife, who was for many years an active member of the Women's Hospital Committee. The gift consists of a beautiful house with 2½ acres of land, and a well-stocked garden. The house is completely furnished, fitted with electric light, and has cost upwards of £2,000. It has been called the "Gertrude Myers Home," and a committee of eight members has been formed to manage it. It will be used for patients who have been inmates of the Women's Hospital. Accommodation is provided for twelve patients, and it is estimated that the total annual cost of the upkeep will be under £400. Mr. Myers and his friends have generously contributed in annual subscriptions nearly £200.

We have received the first annual report of the P. F. Collier Memorial Dispensary for the Prevention of Tuberculosis, Dublin, carried on under the auspices of the Women's National Health Association of Ireland, including the report of the year's work of the Dublin Samaritan Committee which has acted as a Care Committee in connection with the Dispensary. This Dispensary was the gift of Mr. Robert J. Collier, of New York, as a memorial to his father, who was well known and deservedly popular in Ireland, who further undertook to contribute a further sum for its maintenance for a certain period, hoping that then its utility would be so clearly proved that the citizens of Dublin would take it over. The dispensary was formally opened by the King and Queen on July 11th, 1911. Connected with the institution are four nurses—a Dispensary Nurse, two Visiting Nurses, and a Supernumerary Nurse.

A Bill has been introduced in the Chamber in Portugal by Senhor Roque to increase the number of doctors in Portuguese Colonies in Africa where sleeping sickness is prevalent. Senhor Roque stated that in the Province of Angola 100 per cent. of the persons attacked have died.

"FROLICS AND PRANKS."

We observe that the male medical students from the London and Guy's Hospitals, have again this year, as they did last, disgraced those institutions on the Hospitals Cup Final day. Engaged in the gentle art of Suffragist-ragging, some of these "frolicsome prankers" found themselves next day in the Guildhall Police Court. Hugh Benson was accused of whacking a police constable on the head with a cane, and amidst laughter the genial Alderman inflicted a fine of 5s. We wonder what the sentence would have been had the student been a girl instead of a man. Nothing less than three months hard, we presume, would have met the exigencies of the case. Anyway, women bullies are very poor material from which to mould the medical practitioner, and we hope the authorities of the two institutions, which depend upon the public for support, and do not disdain the subscriptions of women, will take some means to exclude such cads from their medical schools.

THE NIGHT NURSE.

The author of the book on travel entitled "The Surgeon's Log," which has run rapidly through a number of editions, has just had a novel called "The Night Nurse" brought out by Messrs. Chapman & Hall. It gives some graphic pictures of hospital life, we shall refer to it at length.

ALLENBURYS MALTED RUSKS.

The Allenburys Rusks (Malted), supplied by Messrs. Allen & Hanburys, are like all their preparations, of a high quality. They form an invaluable article of diet for infants over ten months of age, and are also much appreciated by older children and adults.

SOCIAL SERVICE.

"SUPPER-TIME TALKS WITH TRANSPORT WORKERS."

By EVELINE WRIGHT CROPPER.

"England's the best place after all, only it's a bit over-crowded," writes a navvy from Australia, and yet the conditions of labour here were such as to drive him forth to seek a better chance in a new country. What are the conditions that force men to leave the fairest land in the world, made fairer by ties of association and memory?

Come with me to the home of a goods porter who works twelve hours a day, Sundays and weekdays alike, the only variation being that sometimes it is days and sometimes nights. A little man he is, with pale face and sunken eyes, in which a dim fire smoulders when I remark upon the suffering brought upon other poor people by the strike of the railwaymen. "It's not the strikers' fault," he said, "it's the middlemen that puts the prices up, and they've no need to do it." I said I thought the men would never be satisfied, and would always want more, however much they got. "No," he said, indignantly. "We only want a living wage, and we can't get it." And then, in answer to a further protest from me, he said, "Well, yer see, yer don't understand the ins and outs of the case, same as we do. That's wur it is." He did not mean to be rude, and I did not take it as rudeness. He was simply stating a fact. I retired crestfallen, for arguments that sound convincing in a comfortable drawing-room fall rather flat in the home of a man whose existence can hardly be called life, and who has to support a large family on what cannot be called a living wage.

"But they ought not to have families," someone suggests. Perhaps this wise person will devise a scheme for killing off the families, like puppies or kittens; but in the meantime there they are, and it is the parents who have to support them. Brilliant suggestions like this fall limp and powerless when they come up against that very solid piece of human nature, the working-man. How often we need to be reminded that we have to reckon with men as they *are*, not as we think they *ought to be*.

But now come and see a carter who earns thirty-four shillings a week and has no children. He and his wife are steady and hard-working, and there is no want in this home; at least, not in the ordinary sense of the word. It is eight o'clock in the evening, and his wife bids me come in and wait, saying, "He's been out since five this morning, so he ought to be back by now, but you never know. It's all hours when he gets back." The last time I was here the house was quiet and desolate, and she was telling me sadly of the loss of her little child. Now the kitchen is brightened by the happy faces of three motherless children whom she is mothering. All are

busy, and half-an-hour passes quickly, hearing recitations and watching the children at their supper. It seems an almost ideal home. No dirt, no confusion, no waste, no drink, good plain food on the table, and a blazing fire in the hearth. At half-past eight the children say "Good-night," and trot off to bed, and then the door opens and a giant of a man enters, having come straight back after fifteen hours' work, most of the time out with a lorry in the slush and fog of a winter's day. A few minutes in the back kitchen "cleaning himself," as he puts it, and he is sitting by the fire ready for supper. I hastened to say that I would not stay long, as he was so tired, for the poor fellow looked gaunt and haggard for want of sleep, with the look of a hunted animal in his hollow eyes. "Ay, I could drop off to sleep now, while I'm talkin' to yer," he said. "But aren't things much better since the strike? I thought the men got what they wanted." "Oh, yes," he replied, "it's a bit better than it was. We don't all have to go to the stables of a Sunday now. One man sees to all the horses, so we do get our Sundays, and we sleep most of the day. It's about all a man can do after working eighty five or ninety hours a week." "Do you get holidays?" I asked. "Yes, if we like to pay a man to do our work, and we can earn pretty good money when we're busy." His wife had produced an excellent supper, and urged me to share it, but I felt sure he could easily dispose of all there was, as it was his one comfortable meal in the day. Presently she left us alone, and I remarked how happy she seemed with children about. "Oh, ay. She's taking care of 'em. They've no mother, and their father's lodging here, too, but he's ill upstairs. He pays what he can, but he's not getting very good money, and it isn't much, but it's good for her to have them to look after. She was so lost, like, with me out all day, and nothing to do, as you may say, after our baby died. She was all the world to us, was our little girl, and we were that careful of her, we wouldn't let the wind blow on her." He repeated with pathetic emphasis, "I tell yer, we wouldn't let the wind blow on her. But I never hardly saw her except asleep, and on a Sunday. She'd be asleep when I got in of a night, and still asleep when I turned out in the morning. Now and then I'd be passing the road-end, with the wagon, in the daytime, and I'd see her playing in the road." The man's voice almost gave way as he talked of the little treasure whose loss had left the home so empty.

Hard work properly regulated helps us to bear our troubles certainly, but being forced to work to the point of exhaustion day after day, with no recreation, and often insufficient sleep, must surely make it very hard, if not impossible, to take a cheerful view of life's troubles and problems. Can we wonder that there is unrest and exasperation in the hearts of men who have to work under these conditions?

(To be continued.)

OUR FOREIGN LETTER.

NURSING PROGRESS IN CANADA.

DEAR EDITOR,—I have been out here (New Westminster, B.C.), a little over four months now, and so am getting quite used to the life and the people here. . . .

I have begun private nursing on my own account. I am getting to know the doctors, having called on most of them; and I have also joined the association for graduate nurses here, of which there are twenty-four members at present. The doctors are very keen on fully-trained nurses. At present we haven't registration, but we are hoping to get it very soon; and the President of our association is awfully keen on State registration. In a few years' time the untrained nurse out here will stand no chance at all. So it is no use maternity nurses coming out, unless they have general training too. Midwives do not attend cases without a doctor, so it seems to me that the C.M.B. is scarcely essential, and that a monthly nursing certificate is all that is needful. The doctors don't seem to know what the C.M.B. is; and if you can do maternity nursing that is sufficient for them. I am glad I have my C.M.B. certificate all the same; it might be useful to know what to do in case of an emergency. I am hoping also to make something of my massage—one or two of the doctors told me they were glad to know I did it, as it would save their sending to Vancouver for a massense. I am now on my fourth case—an old lady who had a seizure about a week ago; and I have a maternity case for the end of the month. All fees are twenty-five dollars a week for any kind of nursing. So, if I get plenty of cases, I shall be able to invest in a lot or two, and make my fortune in no time!!! Of course, it costs more to live than in the old country. I have to pay ten dollars a month for my room, but for that I have every comfort and convenience, and also the telephone.

I like the middle-class houses here much better than those at home; they are all so beautifully warmed in winter, by means of a furnace in the basement mostly; and then all have the electric light and every convenience for making house-work easy. Nurses have to help in the house often; this is the first house so far I have been in where help is kept. At my last case I had to cook dinner every day for two men, as well as look after my patient. The husbands all give a helping-hand with the work, and make fires, empty ashes, get in wood and coal, and help with the washing-up. I have got quite used to their washing the dishes, whilst I wipe them! I cannot imagine our Englishmen helping in the same way. They call it "doing the chores."

I am glad I came here, and not to Vancouver—for already Vancouver is over-crowded with nurses, and they say there are enough here for the present. I think about twelve new ones arrived here during last year. But still the "Royal City," as it is

called, is growing rapidly, and also the surrounding districts. New districts seem to be cropping up almost daily.

I was a fortnight and two days on my journey on my way out. We were delayed, owing to fog on the boat, and a land-slide on the train. The scenery through the Rockies was truly wonderful; the mountains, with their snow-covered peaks, looked so magnificent and grand. We are surrounded almost by mountains here, all of which have been covered with snow all the winter. They do look beautiful on a clear, sunny day, when the sun is shining on them. We are situated at the mouth of the Fraser River.

As a rule, the winters here are mild, but this year it has been exceptionally severe, and snow has lain on the ground since New Year's day—and nearly three feet of it too. The atmosphere has been just at freezing-point, so we have had no slush yet. It will be pretty bad when the thaw comes, I expect. On the whole, the climate is pretty much the same as in the old country.

I have the BRITISH JOURNAL OF NURSING sent to me every week, and I do so love to hear what is going on in the nursing world in the old land.

If I have done nothing else, I have escaped the Insurance Act by coming out here!

FLORENCE TAYLOR

January.

(late R.N.S.)

Writing from Victoria (B.C.), Miss V. Baird says: "THE BRITISH JOURNAL OF NURSING is always so welcome in this far-off land where we are very glad to have news of all that is being done at home for the advancement of nursing. Victoria is going to have a new and very much larger hospital built in the near future, which will serve as a provincial hospital."

Another Canadian correspondent writes: "I was so pleased to note last year that in your opinion all Canadian Provincial Parliaments will have to pass Bills for the Registration of Nurses, now that Ontario has done so. You will be pleased to know that Manitoba does not mean to be left out in the cold. A Bill is to be introduced in the present session of the Legislature, to incorporate the Order of Nurses. It will institute examination tests, and grant a degree with the protected title of Registered Nurse (R.N. for short). Thus a minimum standard will be defined. It is not, however, sought to make the profession an exclusive one, and prevent from practice those who have not passed the tests. This, it is felt, would be such a hardship on the public, particularly in the country, that it is believed for the present at least to be quite impracticable; but the public will know what standard of nursing they are paying for, if they employ an 'R.N.'; and that will satisfy us nurses. Also, we shall be able to do much more to help the public to be well served, which is, after all, a good nurse's first ambition. Many Canadian nurses realise how much they owe to the teaching of THE BRITISH JOURNAL OF NURSING."

OUTSIDE THE GATES.

WOMEN.

The Women Writers' Suffrage League, of which Mrs. Flora Annie Steel is president, intend to hold a dinner in support of the funds about the end of April. The tables are to be representative of women's careers, and Mrs. Bedford Fenwick has been invited to organise the Trained Nurses' table, and will be pleased to hear from any nurses and their friends who would like to take tickets, 10s. 6d. each. There are to be no speeches, but a Debate on light lines will take place after dinner. This League includes in its membership nearly all the most brilliant women novelists, dramatists and journalists of the day, and we note amongst them Mme. Sarah Grand, Miss Elizabeth Robins, Miss Beatrice Harraden, Mrs. Billie Reynolds, Dr. Margaret Todd, Mrs. Meynell, Miss May Sinclair, Miss Cicely Hamilton, Mrs. Waldemar Leverton, Mrs. Rentoul Esler, and Miss Annesley Kenealy.

The Duchess of Bedford has given the following reasons for refusing to pay property tax for Princes Skating Rink:—"I am very strongly opposed to the militant tactics adopted by a portion of those who are in favour of women's franchise, and I have therefore taken this, the only course open to me, which appears justifiable, of protesting against the way in which the question of woman suffrage has been treated by the Government."

All the emigration societies are booming Canada, and indeed it is a fine spacious place for the hard worker. The cry is for women—more capable, industrious, young and healthy women. Miss Ella C. Sykes, of the Colonial Intelligence League for Educated Women, who has spent some months there, has taken infinite trouble to get accurate facts. She says: "There are no soft jobs for women in Canada." And this is true. Moreover, what is more important, there are no votes for women in Canada, and where it is a question of the value of labour, and wage-earning this is a very important matter indeed. During the past month both the Legislatures of British Columbia and New Brunswick have thrown out Women Suffrage Bills. Women are urgently needed to help build up Canada a Nation. If that Nation is to be worth its salt, it must not spring from serf-mothers.

An Association of Advertising Women has been formed, with Miss Ethel Sayer as president, Mrs. Oliver Watts honorary secretary. Meetings are to be held fortnightly at the Institute of Journalists and both the business and social side of life will be considered. We believe the advertising business and the work of procuring advertisements very suitable for the special talents of women, and hope the new association may go along and

prosper. The name of the association does not appear to us a very happy one. Why not the Association of Women Advertisers? It is less open to misconception.

MOTHERS' SKILL COMPETITION.

In connection with the Health Week celebrations in London, which are taking place in a number of Boroughs from April 6th to 12th, the Association of Infant Consultations and Schools for Mothers is organising a series of novel Mothercraft Competitions for the mothers attending the various Schools for Mothers in the metropolis. There are now about fifty such centres in London and greater London alone, and as the keenest interest is being evinced in the forthcoming competitions it is expected that quite 150 mothers of the poorest class will take part. Each local Society is already preparing its pupils for this contest of skill. They are practising the dressing and undressing of their babies, to demonstrate their own handiness and the cleanliness and suitability of the baby's clothing. They are busy making knitted and flannel garments at the classes, they are learning recipes and how to cook simple meals for young children, and they are learning the right way to wash a baby's garment or a baby's bottle. The keenest interest is being aroused over Class III. of the Competitions, in which valuable prizes will be awarded for the babies showing evidence of the best condition and the greatest care. This does not mean that the babies are being fattened up, for it is being firmly impressed on the mothers that firmness of flesh, freedom from blemishes, good muscular development and general healthiness are of more account than weight or size. Great importance is also attached to Class I., in which the mothers will have to answer verbally six simple questions in mothercraft or infant hygiene. The local Societies are allowing all their mothers to compete in the local competitions, and from among the winners in these the competitors for the central contest will be chosen. This will take place, probably in some centrally situated L.C.C. school, during the afternoon of April 12th. Offers of prizes, either in money or in kind, would be gratefully received by the Secretary at 4, Tavistock Square, W.C.

"LEST WE GROW HARD."

From the lips of no spiritual teacher does instruction come with greater force to nurses than from those of the Rev. E. F. Russell, Chaplain to the Guild of St. Barnabas for Nurses; for in the multiplicity of work which fills the laborious days of a priest in a London parish he has for the past five-and-thirty years understood, and endeavoured to meet, the needs of a busy class of workers, for whose spiritual necessities provision in the past, even more than the present, has been of the scantiest. There are many nurses, both within and

without the Guild, who can testify to the enrichment of their lives by the influence of one who has not only set before them the highest ideals, but upon whose effective friendship and assistance they can always count in times of adversity and sorrow. Mr. Russell has added one more to the obligations of nurses to him by collecting in one volume under the title of "Lest We Grow Hard," a number of the addresses and spiritual papers, delivered to, or written by him for, the Guild. The book is published by Messrs. Longmans, Green & Co., charmingly bound in cloth, 3s. 6d., or sewed, 2s. 6d. It is one which many will desire to read, and which all trained nurses should hasten to possess.

AN ANGEL'S WING.

In discords or in harmonies,
In waves that weep and birds that sing,
In flowers and brooks, in clouds and trees,
An Angel's Wing!

The mystery of birth doth bring
O'er rolling earth and swaying seas,
Those pinions' bright o'ershadowing—

The humming of the honey bees
Is heralding the coming spring—
There comes a tremor on the breeze—
An Angel's Wing!

EVELINE W. CROPPER.

COMING EVENTS.

March 14th.—Association for Promoting the Training and Supply of Midwives: Ninth Annual Meeting, Central Buildings, Westminster. H.R.H. Princess Christian of Schleswig-Holstein will preside. 12 (noon).

March 14th.—Public Meeting to protest against the Misuse of Nurses' Uniform: Dr. Chapple, M.P., will preside. A resolution will be proposed by Mrs. Bedford Fenwick calling the attention of the Government to the matter. Medical Society's Rooms, 11, Chandos Street, Cavendish Square, London, W. 8 p.m.

March 10th.—Hammersmith and Fulham District Nursing Association. The Twenty-third Annual General Meeting, Carnforth Lodge, W. 3.30 p.m. The Mayor of Hammersmith will preside.

March 20th.—Nurses' Social Union. Lecture (2) by Professor Walker Hall on "The Serum Treatment of Disease," illustrated. Pathological Department, Bristol University. 3.30 p.m.

March 26th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture by Dr. Moorhead, "Massage in Diseases of the Nervous System." 7.30 p.m.

A WORD FOR THE WEEK.

Take this brief lesson from the bird's swift flight—
Spirits that soar, fear neither depth nor height.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not IN ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

WHY TRAINED NURSES' UNIFORM?

To the Editor of THE BRITISH JOURNAL OF NURSING

DEAR MADAM,—In reply to your letter, I am directed to forward the enclosed illustration of uniform worn by St. John Voluntary Aid Detachments, and to inform you that this uniform was arranged by the Lady Commandant in Chief, who is also the Lady Superintendent in Chief of Nursing Corps and Divisions of the St. John Ambulance Brigade, after consultation and with the concurrence of some of the leading Chief Matrons of the greatest London Hospitals.

Yours faithfully,

P. G. DARVIL-SMITH,

Assistant Secretary Territorial Branch.

The St. John Ambulance Association,
St. John's Gate, Clerkenwell, E.C.

[The uniform arranged by the St. John Ambulance Association to be worn by its nursing officers, and optionally by officers and members of its County Companies for Women, none of whom are trained nurses, is in every detail the uniform worn by them. Dress, cap, apron, collars, cuffs, sleeves, bonnet and cloak complete. The only difference is a distinguishing badge. It would be interesting to know who are the Chief Matrons of the greatest London Hospitals who have "concurred" in advising that nurses' uniform should be thus exploited by those who are not trained. In our opinion its adoption by an Association of the standing of St. John Ambulance Association is absolutely unjustifiable, and calculated to mislead the public concerning the status and skill of its Nursing Officers.—ED.]

THE MISUSE OF NURSES' UNIFORM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am glad to see that at last the nurses' uniform fraud is going to be publicly exposed. It has now got to a pitch, not only of depreciating the nurse, but endangering the public—but it is difficult to know how to stop it. I regret I cannot attend the meeting, which has all my sympathy.

Yours truly,

Leicester.

FLORENCE C. BROWN.

DEAR MADAM,—I hope, when the various methods of misuse of nurses' uniform are discussed on the 14th, that attention will be drawn to the unprofessional conduct of those Harley Street and Wimpole Street specialists, who dress up their

parlor-maids and secretaries in nurses' uniform. This is a custom which should be put down; I speak from personal experience. Why is it done, if not to deceive the public?

Yours sincerely,

London,

CO-OPERATION NURSE.

DEAR MADAM.—In the village in which I live, one of the fastest girls in the village returned, after three months' absence, in a nurse's uniform! She is now on the staff of some private nursing home in London. Heaven help the patients.

Yours truly,

F. P.

MADAM,—There will always be black sheep in every profession, and therefore, no doubt, women will enter bars in uniform, and in a drunken condition drag in it the mire, but I agree with you that a Central Disciplinary Authority, such as would be set up under the Nurses' Registration Bill, would by moral force do much to elevate the whole nursing profession. It is not only the masqueraders who have despoiled our once honoured dress; trained nurses themselves have not held it sacred—nor in respect. How many trained nurses think anything good enough for "uniform"? I have seen certificated private nurses wearing such shabby cloaks and deplorable bonnets—fit only for the dust-heap. It was only the other day that a nurse sent to a friend appeared in the sick room in a dirty apron, in which she had travelled in a dusty train. How about germs? When questioned on this insanitary proceeding, she said she had been on duty in the hospital ward all day, and had only just time to catch her train, and excused wearing it, as "she thought it was good enough for night duty." When I add that she had been directed to prepare the patient for a serious abdominal operation to take place next morning, you will appreciate the danger of her dirty covering. But what of the management of a hospital from which such criminal carelessness is possible? I believe Registration would place in power better trained Matrons—they would be crained for their special duties; and that a higher standard of training and work would then be instituted. Had I not myself been a trained nurse, I might have objected to the soiled and may-be microbinous garments worn by the nurse in question, but should not have realised *the danger to the life of my friend.*

Yours very sincerely,

A CONVINCED REGISTRARIONIST.

ONE REASON WHY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I note complaints are beginning to be heard in the land that the supply of first-class young women (and by first-class I mean healthy and well-educated girls), falls short of the demand for training as nurses. I can give you

the reason why. I am a "parson's wife," with two daughters who must earn their own living; why do I not encourage them to become trained nurses, as in the past I should have done? First, because our cheap Nursing Association for the poor selects women, and after a few months' superficial training, employs them as "trained" nurses in our midst, and more than one in this county has had an illegitimate child! Secondly, because so many hospitals sweat their nurses' work, in return for training; I have young friends at London hospitals, who earn £100 for the institution, and do not get, "all told," half that sum; so is the goose killed, who lays the golden egg of highly skilled nursing! No; one of my daughters intends to thoroughly qualify herself for farming in Canada, and the other as a cook. I have a niece who is a dancing mistress, who earns £300 a year; and her sister intends to be a riding mistress, and hopes to earn more. There will be plenty of room for all these spirited healthy-minded girls, if they do not marry, in Canada by and by; and there is no reason why they should be classed with the badly-paid, and therefore often immoral women one hears about in the nursing world.

Yours truly,

A PARSON'S WIFE.

[There is no doubt sweated work often means temptation to young women, and that it should be done under the cloak of charity is the more reprehensible.—ED.]

NURSES AND SECRET COMMISSIONS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I enclose you some cuttings from Liverpool papers, by which you will see that the suggestion that private nurses demand commissions from chemists is not supported by the members of the Liverpool Chemists' Association generally; but that isolated cases of this dishonest custom are cited. Matrons say it is not done, as the private nurses on hospitals' staffs are well paid; but we know they would be the last to hear of it—if it was done. As we are run down so much nowadays in the Press, I shall be obliged if you will quote what Mr. Charles Symes is reported to have written to the *Liverpool Echo*. Mr. Symes writes:—

I was unable to attend the meeting of the Liverpool Chemists' Association last evening, and was somewhat surprised at the report of the meeting in your columns this morning. Had I been present I should have recorded my experience of over forty years in Liverpool, in regard to nurses. I have always found them as ladies above so contemptible a thing as taking a commission on a patient's bill; and have never had such a thing suggested to me but on one occasion. This was courteously refused, and the lady explained that she should not have mentioned it but that "it had been given to her by another chemist, and said she rather felt it was scarcely the right thing." This one case out of the large number I have had dealings with does not justify the statement that "nurses insisted

on demanding a commission on articles which they had been ordered to buy from chemists."

As commissions are illegal, those who give them are as much to blame as those who take them.

Yours truly,
Liverpool, EMILY C. MOORE.

VERY USEFUL TO TRAINED NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—If you can make room in your most interesting journal for a short account of an Anglo-French Club, at 6, Bouverie Street, Strand, I am sure that many of your readers will be grateful to you when they discover how delightfully colloquial French can be taught them there. The subscription is 21s. per annum, and 1s. entrance fee, and this entitles them to 52 lectures in the year, besides the use of the Club, where many French papers are kept, and where the members can, by depositing 2s., take away a French book to read.

Professor Bizéray has a perfect genius for teaching, and has such a keen sense of humour that it is a delightful relaxation to attend his lectures. He has taught many thousands of people in London to speak French during the eight years he has been teaching. A little less than two years ago he started this Anglo-French Club and has now just about 600 members. The hours are from 5 to 9 p.m. during which time he gives an hour to each of the three classes he holds, and beginners are taken on Wednesday—Elementary classes are on Fridays, Intermediate classes on Tuesdays, and Advanced French is taught on Mondays and Thursdays.

By paying 5s. one can get 600 minutes of conversation with French teachers.

Madame Sarah Bernhardt is the President of the Club.

My only regret is that I did not discover this club long ago.

Yours faithfully,
THEO. E. DERRY
An Old British Nurse
West Bolton Gardens, S.W.

PROPOSED NATIONAL ASSOCIATION OF NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, Your readers may like to know that the number of favourable replies is 163.

Yours faithfully,
J. S. POLLITT.
County Bank House,
Blackburn.

TRAINED NURSES AND THE PANAMA-PACIFIC INTERNATIONAL EXPOSITION, 1915

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Greetings from the Golden Gate. Up to to-day eighty-one organisations, including your own, the International Council of Nurses, have decided to meet in San Francisco under the

auspices of the Exposition. Let me assure you that the "latch string" will be out for you throughout California in 1915.

Under separate cover I am sending you, with the compliments of the Panama-Pacific International Exposition, booklets that will give you a "bird's-eye" view of the Panama Canal, of the Exposition, and its growth, and of California. "On the shores of the Pacific" will give just a glimpse of the Exposition and of the eleven ways by which you may reach San Francisco or return to your home in 1915.

With ample hotel accommodation and low railway rates, and with the scenic routes of America available for the trip, no better time either for a Convention in San Francisco or for a personal trip could be found.

If we can be of service in any way do not hesitate to write us for information at any time, either for yourself personally or for your organisation, the International Council of Nurses.

Very sincerely yours,
JAS. H. BARR,
San Francisco, California, *Manager.*

THE DESECRATION OF NURSES' UNIFORM.

The Public Meeting on March 14th, at 11, Chandos Street, W., to protest against the Misuse of Nurses' Uniform, should receive enthusiastic support from nurses and the public. Doors open at 7.30 p.m. Dr. Chapple, M.P., will take the chair at 8 p.m.

NOTICE.

HOW TO KEEP IN TOUCH WITH THE NURSING WORLD AT HOME AND ABROAD.

All members of Leagues and Associations of Nurses affiliated to the National Council of Nurses of Great Britain and Ireland know that each one is also a member of, and thus helps to form the great International Council of Nurses. But all may not realise that the official organ of the National and International Councils is THE BRITISH JOURNAL OF NURSING, professionally edited, and controlled by trained nurses. The Editor will always be pleased to receive contributions on practical nursing subjects, reports of interesting cases, and letters from those working abroad, for which, if accepted, payment is awarded. Nurses with high professional ideals should subscribe to THE BRITISH JOURNAL OF NURSING, issued weekly at the small cost of one penny. It can be ordered either through a news-agent or from the Manager at the offices, 431, Oxford Street, London, W.

OUR PRIZE COMPETITIONS.

March 22nd.—Describe the best method of flushing the bowel.

March 29th.—Give the general rules for the disinfection of each of the following in the case of infectious diseases: (a) Discharges and excreta; (b) Linen; (c) Utensils; (d) The Nurse's hands.

The Midwife.

NURSING ASSOCIATIONS AND MATERNITY BENEFIT.

All over the country Nursing Associations are considering the question of the maternity fee to the rural poor, now that the father of legitimate children has been granted thirty shillings maternity benefit under the Insurance Act. Many of the managers of these Associations, which provide midwives as trained nurses, are anxious to increase their fees, as at present few are self-supporting, and claim that the poor get more than they pay for.

So far the midwife nurses, and cottage nurses with a few months' experience who are not midwives, have been supplied by Nursing Associations largely as a charity—and the standard of the care given has therefore been unquestioned—on the old adage, presumably, that "you must not look a gift horse in the mouth."

If, however, these lay committees are going to assume the responsibility of providing nursing and midwifery under an Act of Parliament, they will not only have to raise their fees but also the quality of the professional care supplied to insured persons who are compelled to pay for it. Insurance committees who know nothing of nursing—of its safe and unsafe standards—will gladly, no doubt, be pleased to supply this benefit as cheaply as possible; but already insured persons are testing their privileges under the Act in Courts of Law, and we are of opinion that all Approved Societies or Insurance Committees who undertake to supply nursing as a benefit under the Act, would be wise to carefully consider the standard of knowledge and skill of the persons they propose to supply to the sick insured. Otherwise they may have some rude awakenings, when, through the ignorance of insufficiently trained attendants, disasters happen in future, as they have in the past. We are led to make these remarks owing to an abundance of press evidence before us that Nursing Associations appear eager to raise fees to the poor insured sick, without making any suggestion of raising nursing standards of efficiency.

The standard for a certified midwife is set by the Central Midwives Board, that is a legal qualification, but Insurance Committees must understand that the certificate of the Central Midwives Board affords no guarantee of skill as a trained nurse.

THE DOCTORS' FEE GUARANTEE FUND OF THE MIDWIVES' INSTITUTE.

We have already notified that to meet the difficulty which it is feared will arise in the practice of midwives, if provision is not made to guarantee the doctor's fee if called in in midwives' cases by persons entitled to the Maternity Benefit under the Insurance Act, the Midwives' Institute is organising a Guarantee Fund, whereby members of the Institute and Affiliated Associations, whose subscriptions are not in arrears, can insure against this risk, and so enable the Insurance Societies to pay over the whole of the 30s. Maternity Benefit to the insured woman, or her insured husband, at once, without risk to themselves, of having subsequently to pay a doctor's fee.

Rules have now been drawn up for the management of the Fund, and from them we learn that subscribers to the fund will be furnished with books of twenty certificates with counterfoils, stating that the delivery has taken place and that they hold themselves answerable for the prescribed fee. These certificates must only be used for those patients in respect of whom maternity benefit is payable. They are paid for at the rate of 1s. each, and will be issued in books of twenty on payment by the member of £1. Members will also be furnished with books of forms for sending for medical assistance, drawn up on the same plan as the C.M.B. books. One leaf will be placed in the book, one sent to the doctor, and one to the Midwives' Institute.

All duplicates for sending for medical help must be sent in by quarter day, and the doctors must also render their accounts by quarter day, enclosing the forms sent them by the midwives. The doctors' accounts will be paid by cheque from the Midwives' Institute; no money will be paid through members.

Should the 1s. payment per case prove insufficient the Committee reserves to itself the right to increase the payment. The Sub-Committee, deputed to manage the fund, reserves to itself the right of refusing any applicant, or of terminating a subscriber's connection with the fund without giving any reason.

In the case of a member sending in an exceptionally large number of claims, her register must be open to examination by a representative of the Midwives' Institute.

In our view the person who should insure against the possibility of paying the doctor's fee is not the midwife, but the patient who benefits by his services. This could still be done through the scheme proposed by the Midwives Institute

if each patient paid the midwife 1s. on booking, leaving the midwife's fee only to be paid out of the Maternity Benefit. We believe there would be no difficulty about this if the midwife explained the reason and advantage of the payment, and it might be extended to insure all patients, not only those who benefit under the Insurance Act. Otherwise the midwife loses 1s. on every case, in order to indemnify Friendly Societies against risk, possibly more, as the Committee reserves the right to increase the payment should the 1s. prove insufficient. Nor is this the only expense, as midwives who have not already joined the Institute must become members before they are eligible to join its insurance scheme.

It remains to be seen whether quarterly payments from the Midwives Institute will satisfy the medical practitioners called in. It has been the practice of many hitherto to require their fees before crossing the threshold of the house in this class of case.

ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

The Ninth Annual Meeting of the above Society will be held on Friday, March 14th, at the Central Buildings, Westminster, at 12 noon. H.R.H. Princess Christian of Schleswig-Holstein will be in the chair; and a short address will be given on "Midwifery and the Maternity Benefit," by Christopher Addison Esq., M.P., M.D.

ASSOCIATION OF INSPECTORS OF MIDWIVES.

The annual meeting of the Association of Inspectors of Midwives will be held during the week of the Midwifery Conference and Exhibition, to be held in London during April. The precise date of the meeting will be announced later. Miss du Sautoy will be obliged if any Inspectors or Assistant Inspectors who wish to become members will communicate with her at 10, Bold Square, Chester.

THE MATERNITY SIDE OF DISTRICT NURSING.

At the annual meeting of the Queen Victoria's Jubilee Institute for District Nursing at Torquay, where the staff consists of the Superintendent, Miss Alice Lee-Smith, and four Queen's nurses, Deaconess Cheveley, who moved the adoption of the report, bore testimony, from personal experience, to their excellent work amongst the poor. The Hon. Lady Acland, who gave an address on "The Maternity Side of District Nursing," pointed out the advantages which would accrue by the district nurse also acting as midwife, and said there were very few cases in which the trained midwife was not welcomed. She suggested that maternity work should be taken up by the Torquay Association, and said that once this was done they would

wonder why such a step had not been taken long ago.

Miss Booker (Inspector of Midwives to the Devon County Council) said there was only one trained midwife in Torquay, and four or five untrained midwives at work. She urged that subscriptions should be obtained, to enable them to have a trained midwife at once. We hope this means a Queen's Nurse who is also a certified midwife.

CAN IT BE?

Lady Fortescue at the annual meeting of the Devon Nursing Association at Exeter, said she was sorry to hear that in many cases neither the wife, nurse, nor the doctor saw a farthing of the 30s. maternity benefit under the Insurance Act.

It had gone into the husband's pocket and had been spent entirely on himself.

The 30s. was doubtless a great temptation for any husband with no ideas of unselfishness or sense of right and wrong.

NEWCASTLE-ON-TYNE MATERNITY HOSPITAL.

It was reported at the Annual Court of the Governors of the Maternity Hospital, Newcastle-on-Tyne that eleven nurses and twenty-six students have received training at the hospital during the year. The report further states that the thanks of the Committee are due to the matron for her increasing zeal in promoting the work of the hospital. The Committee have carefully considered the question of the effect of the maternity benefit section of the National Insurance Act on the hospital. It has been decided, in order to give the hospital the required legal standing as far as training of students and nurses is concerned, to appoint two certificated nurses to attend patients at their homes, and arrangements will be made as far as possible to obtain from the approved societies contributions on behalf of the patients attended. Patients receiving the benefits of the hospital will also be asked to pay a contribution towards the expenses out of their maternity benefit.

We presume the certificated nurses referred to are also certified midwives.

LEEDS MATERNITY HOSPITAL.

Miss Caroline March, President of the Board of the Leeds Maternity Hospital, and other officers are appealing through the Press for support for a special effort to be made this year. They say that the good work done by the hospital for poor married women in their need, and as the successful training school for midwives in the West Riding of Yorkshire, is admitted on all hands to be most valuable. The Lord Mayor gives kind sympathy and practical help. Donations may be sent to Miss Caroline March, Beech Grove House, Leeds; or to Mrs. John Marshall, Sandfield, Headingley, Leeds.

THE BRITISH JOURNAL OF NURSING

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Vol. L.

EDITORIAL.

EASTER.

All joys and sorrows become more poignant by contrast, and the joy of Easter is heightened for those who have faithfully observed the season of Lent, and entered into the spirit of Good Friday, by the revulsion of feeling from meditation upon the supreme tragedy of the world, to the bright joy of the greatest of Christian festivals, for Easter claims this pre-eminent position. The shadow of the cross falls even over the joy of Christmas, but no such shadow dims the brightness of Easter Day, which each year dawns fair and joyous after the peace and rest of Easter Eve, one of the sweetest days in the whole Christian kalendar.

Like other of the Holy Seasons Easter is also a general holiday, and this enables many to enjoy not only the religious festival but to make a break in the ordinary routine, and obtain a brief rest and change. For many it is associated with the return of spring, and they enter best into its spirit in the quiet of the country, with the relief it brings from the tension inseparable from life in a city.

Nurses can often do much to assist their patients both in hospital, and in private houses, to share in the joy of the festival by taking pains to ensure that they shall receive the ministrations of the clergy of that branch of the Church to which they belong. Many patients are extraordinarily grateful for a nurse's efforts in this direction, when they are not well enough to take the necessary steps themselves.

Nurses, as a rule, do not decide for themselves where their Good Friday and Easter are spent. It may be that they are on duty during the hours which they would most desire to keep sacred. But in this case, if there be first the willing mind, surely

nothing could be more in keeping with the spirit of Good Friday, than to spend them in the service of the sick and suffering, a work which throughout His life lay so close to the heart of their Divine Master. We miss the whole spirit of Good Friday if we think of getting as much as possible for ourselves, instead of sacrificing our own inclinations at the call of duty, always remembering that it is duty alone which justifies us in setting aside the claims of the most solemn day in the year, into which, in ordinary circumstances, the exacting affairs of every day life should not be allowed to intrude.

Again, when Easter Day dawns, with all the joy inseparable from the festival, while it behoves us to do our utmost to observe it with all the devotion of which we are capable, let us remember that there are others equally desirous of "keeping the feast." For those who live in communities, and especially communities whose work is of a character which permits of no cessation, there must always be give and take, and some must forego the pleasure of services which, were they free, they would willingly attend.

It behoves those in authority, matrons and ward sisters, whose province it is to arrange off duty times, to see that the unselfish people get their fair share, and do not sacrifice themselves because some one else will make herself disagreeable if she does not get all the leave she requires at this special season.

It is a curious study in human nature to observe how very devout, and presumably good, nurses will endeavour to satisfy their own desires in this respect, by the sacrifice, without compunction, of others just as keen but more unselfish. Saintliness is never attained by self-indulgence even in the matter of religious services. M. B.

LECTURES ON DISEASES OF CHILDREN.

(Concluded from page 205.)

In continuation of our notice of Dr. Hutchison's most interesting book on "Diseases of Children," we are again able, by the kindness of the author, and the publisher, Mr. Edward Arnold, 41, Maddox Street, London, W., to present further illustrations of some of the diseases dealt with.

One of the new chapters in the present volume deals with Hysteria in Children, a subject concerning which comparatively little is known or taught, and thus of special interest.

Dr. Hutchison, in introducing the subject, says that he knows of no satisfactory definition of hysteria, and adds, "if you attempt to penetrate into the inner meaning of 'hysteria' you simply involve yourself in the fogs and bogs of a pseudo-psychology. . . . I shall content myself therefore with a purely objective description, based on my own clinical experience, and shall be satisfied if I convince you that hysteria is, indeed, a possibility to be reckoned with when one has to do with a case of obscure nervous disease in early life. Although I shall have many cases to relate, you must not make the mistake of supposing that hysteria is common in childhood. On the contrary it is rare, and I doubt whether it can be recognised with certainty below the age of five. At the outset certain points may be mentioned in which hysteria in childhood differs from the same condition in the grown up person. One is with regard to sex distribution. There is not the same disproportionate occurrence of hysteria in the female sex in children that there is in adults. Indeed, it is quite as common in boys, as it is in girls. . . . Another difference which one notices between hysteria in children and in grown up persons is, that in children it tends to assume a simpler form. It is often what is

cumbrously termed 'mono-symptomatic,' that is to say, there is only one hysterical manifestation present. . . . Another point characteristic of hysteria in the child is that many of the so-called stigmata, such as anæsthesia of the pharynx, contraction of the visual fields, pressure points, and so on, are either not met with at all, or only occur exceptionally. Why that should be I do not know, but it is a clinical fact which you must bear in mind."

ETIOLOGY OF HYSTERIA.

"With regard to the etiology of hysteria in children, I think one can recognise with a fair degree of frequency two kinds of causes—(1) predisposing, (2) exciting. A number of hysterical children are disposed by inheritance to suffer from the condition. You will be surprised how often, when you are dealing with an hysterical child, you will find that it has an hysterical mother, or that it is the offspring of neurotic or highly emotional parents, and this predisposition has often been aggravated and fostered by the circumstances of the patient's environment. The child is apt to have been badly brought up, not in the sense of having been neglected—on the contrary, it has probably been coddled and spoiled—but it has not



HYSTERICAL SPASM OF HANDS.

been brought up to exercise self-control, and very often in an emotional and exciting atmosphere.

"Of the exciting causes of hysteria in childhood the commonest is injury of some sort, physical injury or trauma. I shall give you some concrete examples of this immediately. The other great exciting cause is what has been called 'psychical trauma'—namely fright—and in a number of instances hysterical manifestations have followed upon this."

One phase of hysteria in children given by Dr. Hutchison is hysterical contraction of joints, "often following injury of the joint, which has caused pain and led to some degree

of flexion, and that, owing to the hysterical basis has become perpetuated and exaggerated, so that there is extreme spasm." Our illustration is one of the best examples of such a case seen by Dr. Hutchison.

The child, aged 11 years, was admitted to hospital for spasm of the hands of two to three days' duration. She had had previous attacks, and she herself said that "the spasm began with a feeling of 'giddiness,' then the thumbs bent in and the hands closed so that she could not open them. . . . By gradual pressure the fingers could be unbent and straightened out, and then she could move them quite freely. The knee jerks were exaggerated, but there was no ankle clonus. Sensation was normal, and the viscera healthy. The spasm quickly disappeared in hospital, but she had a typical attack of 'globus' whilst under observation."

MENINGITIS.

The chapter on meningitis, a disease nurses in children's wards and hospitals see fairly frequently, gives a very clear description of the various forms, as well as the diseases which may simulate it. Amongst these are

typhoid fever, pneumonia, acute gastritis, middle-ear disease, acute poliomyelitis, and even rheumatism.

Dr. Hutchison adopts the following provisional classification of meningitis:—

1. Acute—primary and secondary (epidemic, sporadic).
2. Tuberculous.
3. Posterior basic (also known as "simple basal," and very probably only one form of sporadic cerebro-spinal meningitis).

One of the prominent symptoms of posterior basic meningitis is head retraction which, in this variety, is found in a degree of development not met with in any other form. The child depicted in our illustration "shows this in a marked, but by no means unusual degree, and you will recognise from the photograph the appropriateness of the description given to the

attitude by the French writers—viz., 'the gun-hammer position.'"

VULVO-VAGINITIS.

Concerning the affections of the genito-urinary system the author mentions chronic vulvo-vaginitis in childhood, "which is by no means an infrequent affection, especially in patients of the hospital class. There are two forms of it—the simple form in which pyogenic organisms are the cause, and the gonorrhœal form, which is due to the gonococcus. The latter appears to be the commoner." Dr. Hutchison believes that the view long held that vulvo-vaginitis belongs to the "strumous" order of diseases, and is a sign of general ill health, is erroneous. He states that "it appears to be really a purely local affection requiring local treatment." The gonorrhœal variety is horribly contagious, and

if introduced into a ward may spread round it like wildfire in spite of stringent precautions. On the other hand, it is a peculiar fact that it rarely leads to other gonorrhœal complications, such as blepharitis, arthritis, or salpingitis."

As the gonorrhœal form of this disease is highly contagious, the patient should be "strictly isolated, and the utmost care taken to prevent the carrying of infection by napkins, washing utensils, sheets, &c. All such articles should be thoroughly disinfected before being washed. . . . A diaper or pad should be worn to prevent the child carrying infection to the eyes."

We have given for the benefit of our readers a few illustrations and extracts from this extraordinarily interesting and exhaustive series of lectures on diseases of children. They abound in many as interesting and as practical. We can only reiterate with all the emphasis we can command, that the book should be in every nurses' library, and every nurse should be acquainted with its contents. It would be a most acceptable and delightful present for any member of the nursing profession.



HEAD RETRACTION IN SIMPLE BASAL MENINGITIS. SHOWING "GUN-HAMMER" POSITION. NOTE ALSO THE STARING EYES.

OUR PRIZE COMPETITION.

DESCRIBE THE BEST METHOD OF FLUSHING THE BOWEL.

We have pleasure in awarding the prize this week to Miss Hannah Scott, Eastern Hospital, Homerton, London, N.E., for her paper on the above subject.

PRIZE PAPER.

In flushing out the bowel, one must bear in mind that the object is to clear the canal of toxic poisoning and bacteria, these being present in great abundance in the lower bowel.

If time permits, and the bowel needed special care, a purgative of mag. sulph. 1 oz. given the night previous, helps to clear out bacteria, and the toxin manufactured by them, followed by a good soap and water enema of two or three pints (sterile), given with a Higginson's syringe. The measured quantity is put into a basin, and soap rubbed down till a good lather is obtained. The patient lying on his side, with the bed protected by a mackintosh, the syringe is then filled, the air expelled, the nozzle oiled and inserted. Care must be taken that the other end of the syringe is covered with fluid. The action of the soap and water is made more effective by adding *assafœtida* ʒss.

Boric lotion, about two pints, may be given high up into the bowel by a rubber tube and glass funnel. A catheter is attached to the tubing, and passed about eight inches into the rectum. The patient's head is lowered, and the hips raised by placing a pillow under them, and the foot of the bed is raised as high as possible on blocks. This position will send the fluid higher up into the bowel. After allowing the fluid to remain for a short time, the patient should be lowered, and the fluid syphoned back into a receptacle. This may be repeated if necessary, and is called a high enema.

A special flush after an operation consists of Epsom Salts, half an ounce; Glycerine, one ounce, and water, six ounces, given by a long tube and funnel. This irritates the wall of the bowel, and is soon expelled (a good method for flatus). In constipation excellent results are often obtained from an enema of equal parts of warm castor oil and olive oil, followed by enema saponis two hours afterwards, the quantity given being about two pints. In cases of colotomy the bowel may be flushed out with boric lotion, hot water, or creolin if offensive. The tube in this case will have to be inserted

into the false anus, the point being diverted downwards.

In appendectomy for ulceration, saline solution or protargol (1-100) two or three pints daily given by catheter and funnel.

In a case of hæmorrhoids, a soap and water enema is often ordered, followed by boracic lotion (1-30).

If there is any difficulty in inserting the tube, no force must be used. Should the enema give the patient pain, the nurse must wait until the pain has passed, then gently continue till all the fluid is given.

Flushing out the bowel with barley water or gruel is very soothing to an irritated membrane.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss E. Gertrude Brady, Miss Macfarlane, Miss M. Robinson, Miss J. Stoner, Miss P. Latham.

Miss Brady writes:—Before giving a nutrient enema, it is necessary to wash out the rectum and sigmoid flexure of colon with plain soap and water enema. To wash out the bowel a teaspoonful of bicarbonate of soda to one pint of water is the usual strength given: bicarbonate of soda solution is very useful when there is any acid secretion, as in an eclamptic patient, two or three quarts are required. To wash out the bowel, have a glass funnel, a couple of yards of red rubber tubing, and a strong male catheter. Have the water at normal body temperature, and fill the tubing up until the water comes up at the glass funnel before introducing the catheter into the rectum. By so doing you avoid forcing air into the passages. About six ounces should be run in at a time.

As more might cause some irritability of the rectum, it is then run out by lowering the funnel into a basin on the floor, on the principle of a syphon, before raising the funnel for the second lot of water, the tube must be nipped, and the funnel raised and filled before letting go, otherwise the water in the tube returns to the rectum and the tube becomes filled with air, which subsequent filling of the funnel would drive into the rectum. The principal object of this treatment is to wash away undigested portions of food, and so prevent any cause of irritation being present in the rectum.

QUESTION FOR NEXT WEEK.

Give the general rules for the disinfection of each of the following in the case of infectious diseases:—(a) Discharge and excreta, (b) linen, (c) utensils, (d) the nurse's hands.

A HISTORY OF NURSING.

THE RISE OF THE GERMAN FREE SISTERS.

The first chapter in the fourth volume of "A History of Nursing" relates the story of the rise of the German Free Sisters, a story of great importance and interest. Miss Dock writes:—"One who found it interesting to study the calling of the nurse, under the varied forms it took on in its evolution from the Middle Ages to the present day, would have been richly rewarded by a visit to Germany at the end of the last century. There, side by side, in full panoply, with all their characteristic features still in the bloom of vigorous life, could have been found Nursing Orders illustrating each historic variation, each successive phase in religious and economic status, as rural, feudal Germany changed to a modern industrial empire.

"The industrial revolution, silently and irresistibly advancing, altered nursing communities, too, as it shook the foundations of the home, turned wealth away from the convent, built the factory town, and cast thousands of women out into a new world to support themselves, and, often, others dependent upon them, as they best might. The Churchly Orders that had been so harmoniously adapted to the social conditions of a different age saw their supremacy slipping away. Germany shows perfect examples of hardworking and efficient Catholic Nursing Orders. They are practical, and follow the lead of medical science, but their numbers no longer sufficed to meet demands, nor did they as yet open secular schools. Then came the Deaconess Mother houses, but they, too, soon found their patriarchal basis was too limited—they could not expand indefinitely. Next were the first large secular schools for nurses upon the English pattern, Victoria House in Berlin, and the Nursing Association of the City of Hamburg." In the former, of which Fraulein Louise Fuhrmann was the first Superintendent, pupils were accepted without reference to their spiritual creed, "a matter of course now, it was revolutionary, or at least daring, then."

It is interesting to note that, "in 1869, the great scientist Virchow gave a lecture before an association of medical women in Berlin, in which he declared that nursing should be organised on strictly secular lines, with purely humanitarian purposes, and urged the following proposals:—(1) Men's wards should be nursed by women; (2) every large hospital

should have a training school; (3) small localities should have training committees; (4) nurses should unite in organisations; (5) special institutes should provide preparatory teaching in hygiene, dietetics, &c."

Amongst other of the more modern organisations were the Hamburg Nurses, whose home is the Erica House at the Eppendorf Hospital, the Associations of the Red Cross, the *Evangelische Diakonie Verein*, an association which owed its inception to Professor Zimmer, who held that the sisters should "retain as much individual freedom and independence as possible, and who therefore, after passing through definite preparatory stages, shared in the management of the Society's affairs, and were expected to choose their own work, a radical departure from the custom of the older associations.

"There were also nurses trained by the modern Societies of St. John, usually women of good family, who would not voluntarily work for a living, and were satisfied with a superficial training for philanthropic work, and cottage nurses, trained in rural districts or in provincial towns, who were expected to perform the labours of five women (mother, nurse, cook, cleaner, and housekeeper) in the houses of the poor, and whose willing patience and industry often excited the envious admiration of philanthropists from countries where women were not quite so strong or so submissive."

This, then, was the position at the beginning of the new century. There was a steady exodus of nurses from the older associations, "driven chiefly by the need of earning a more ample living, but partly also by revolt against an arbitrarily narrowed existence and starved personality," and "lonely and isolated, atoms tossed about in the labour market, were trying to support themselves at private duty or in positions. They were called the 'Free' or the 'Wild' Sisters. In reality, these were pioneers in the revolt against the unpaid labour of women." The problem facing these Sisters was "to obtain a living wage in competition with Motherhouses partly supported by charity or endowments, which had set the price for nursing service at a minimum impossible for those who were self-dependent workers."

A leader was needed for these isolated workers, and with the need, as so often happens, "when the opportune moment came she was ready, a woman more forceful and able than those already prominent, of executive ability superior, and with a sympathy and comprehension that excluded none"—Sister Agnes Karll.

It was in 1902 that, writing in a German magazine, she said:—"The need of an organisation for the hundreds of nurses who had withdrawn from the existing orders had been widely realised in the last few years. At the meeting of the National Council of Women it was first openly urged by the widow of Professor Krukenberg, Bonn, and agreed to by the two hundred and thirty representatives of eighty thousand German women, that nursing should be looked upon as a skilled pursuit for women who desired industrial freedom, in contradistinction to the conservative view that it must either be monopolised by religious or charitable bodies, or left to ignorant persons."

Miss Dock relates how British and American nurses met Sister Karll, who had been working out her problems unaided, in Berlin in 1904 for the first time. "To find that fellow workers of other lands were ready and waiting to draw her into an international circle whose members all, with interests and aims alike, strengthened one another by moral support, sympathy, and encouragement, was a great joy and a most unexpected source of help to her. The visitors, in their turn, were impressed and stirred by the wholeheartedness with which she had dedicated all her powers to the upbuilding undertaken as her life work. Trained in one of the best Red Cross Hospitals, with an inheritance that made leadership natural, possessed of a far-seeing intellect and keen judgment, and with a real passion for bringing help to the individual, Sister Agnes lived modestly on a small private income and devoted time, strength, and brains freely to the service of nurses."

When the German Nurses' Association was founded in January, 1903, it was Herr Geh. Rath Aschenborn who emphatically advised that no one but nurses should be placed on the governing board, for, he said, "The members of a profession are the only ones who can judge correctly in the affairs of their profession." It is a sidelight on German legislation to read Sister Karll's note, "We had a membership list of thirty to take to the Chief of Police with our announcement."

In regard to the government of the Association, Sister Karll is careful to point out that "the many 'bad examples,' both at home and abroad, must ever prevent us from falling back into that indifference which tends to let the control of our work drop out of our hands because it is easier not to take responsibility. There is no such thing as independence without responsibility."

It is interesting to note as in this country, so in Germany, the dislike of hospital authorities to self-governing associations of nurses. We read, "The increasing shortage in the numbers of nurses was the usual starting point of negotiations between us, which were often broken off by mistrust of our form of organisation. The City hospital in Frankfort-a-M took our probationers willingly from 1904 until 1907, when it suddenly forbade its accepted pupils to remain members of our Society. Their reason for this step is hardly clear, for no hospital needs to fear our self-government. . . . We are at all times the best champions of the hospitals."

Referring to the foundation, in 1906, of *Unterm Lazarus Kreuz*, Sister Karll wrote, "Only those who have themselves founded a paper know what a progressive step it is for a society to have its own organ, but they also alone can know what work, anxiety, and responsibility it means for the editor. One thing is certain, such a paper can only be of real use to nurses, and can only develop on true lines when controlled by members of the profession." An interesting instance of the thoroughness of German methods is to be found in the story of a book by Fraulein Reichel, who, while taking the course in a *Handels-Hochschule*, was required to prepare a thesis on "The Legal Status of the Nurse." When she began to make inquiries about this, she found a barrier in the rule rigidly imposed on nurses never to speak of any of the details of their work or training, so she entered a hospital as a probationer, to find out for herself. Her conclusion was: "Except in the penal code nurses have been forgotten by the law-makers," and Sister Agnes asks, "How many of us knew before this that we, too, as well as the midwives, stand, as a famous midwife has said, with regard to certain penalties, 'with one foot in the grave and the other in prison.'"

WELCOME HELP.

Mrs. Bridges, always most generous, has sent £1 to the Society for State Registration of Nurses. Miss J. Grant sends 4s. from India, and Miss A. Henderson 4s. from Cape Town. When the Act is won, the few who year after year have denied themselves something, as they have done, to give financial support to this reform, will have cause to congratulate themselves upon their self-denial, and let us hope the many who will benefit by legislation, who have done nothing to help it on, will appreciate what they owe to the conscientious minority.

THE ABUSE OF NURSES' UNIFORM.

STATE REGISTRATION DEMANDED.

A well attended, enthusiastic and unanimous public meeting was held at 11, Chandos Street, Cavendish Square, on Friday, March 14th, at 8 p.m. Dr. Chapple, M.P., presided and said that it was a privilege as well as a pleasure to occupy the chair. The subject of State Registration of Trained Nurses with which the question before the meeting was connected, was not a party question. He had been interviewing members in the House of Commons in regard to it and found that it had as many supporters on the Opposition as on the Government side.

In matters connected with politics he put the interests of the community first, of sections of society next, and of individuals last. The question of State Registration of Nurses was a question concerning the whole community, and in the community the sick; and no section of the community was so entitled to the thought and consideration of Parliament as the sick, and their protection from deception.

When he saw recently in the *Times* the pathetic story of a gross abuse of nurses' uniform, he put down a question to ask the Prime Minister "whether in view of the frequent instances of the misuse of nurses' uniform he will give facilities for a Nurses' Registration Bill." It was a much longer question than that originally, but was severely censored. In its complete form he further asked:—

"Whether the Prime Minister was aware that there was a large section of members in the House of Commons who, being opposed to the extension of the franchise to women, were extremely anxious to remove the disabilities from which women suffered, and that, in consequence, he would find a large body of supporters from all sections of the House."

Mr. McKenna, who replied for the Prime Minister, said: "Registration of Nurses would not prevent people from dressing as such unless this were made an offence. If a Nurses' Registration Bill is introduced it is a matter for consideration whether registration should carry with it the right to wear some distinctive badge. I cannot make any statement as to facilities being given for such a Bill."

Dr. Chapple said that he then asked as a supplementary question: "Is the Right Hon. Gentleman not aware that where Nurses' Registration is in operation a badge is supplied which is worn as part of the uniform? Can he say whether there could be any motive for wearing nurses' uniform except the motive of deception?"

Mr. McKenna replied: "I should like to have notice of the last part of the question" (which, said Dr. Chapple, he shall have). "With regard to the first part I agree that it is a matter which should be considered?"

He believed there was a growing feeling amongst a large section of the House of Commons that

the time was opportune to press the question home (applause).

Dr. Chapple then asked Mrs. Fenwick to move the Resolution.

Before proposing the Resolution, Mrs. Fenwick reported that she had received many letters from friends supporting the demand for the meeting, and regretting their inability to be present. Miss Musson, Matron of the General Hospital, Birmingham, always in the forefront of every movement for the benefit of the profession, had addressed the following letter to the Chair:—

"I regret that I am unable to be present at the meeting on March 14th. For many years our dress was looked upon as sacred to the nursing profession, and it is because it conveys to the eye of the general public a suggestion of training and professional responsibility, that it has been adopted not only by untrained nursemaids, general servants, and canvassers for drug firms, &c., but also by disreputable and immoral persons. It is adopted by them with intent to deceive.

"Drunken and immoral women appear in the dock attired in our once honoured garb, and are even described as 'Nurse,' and no protest is made. On the contrary, the reporters frequently use the title to make a telling headline in the newspapers. In only a very small percentage of cases has the delinquent any connection whatever with the nursing profession.

"In view of the enormous work which trained nurses have done and are doing for the community, we think it is quite time that Parliament should grant us what we have long desired, *i.e.*, a recognised legal status, with power to protect our honourable profession from discredit brought on it, either by unworthy members, or by those who usurp its distinctive dress and title.

"The registration of trained nurses by the State would, we believe, raise the standard of our profession as a whole, and would result in better nursing being provided for the sick, especially the sick poor."

Mrs. Fenwick then quoted from a letter from Miss Huxley, of Dublin, President-elect of the Irish Nurses' Association:—"One hears a great deal of the misuse of nurses' uniform, and a protest is surely necessary. . . . The right to wear it comes as a result of years of hard work and self-denial, and it is intolerable that all sorts and conditions of women should be allowed to wear the distinctive garb of our profession."

Lady Hermione Blackwood, President of the Ulster Branch of the I.N.A., wrote:—"I regret I shall not be in England to attend the meeting to protest against the misuse of nurses' uniform. It is high time that strong measures should be taken to put down the abuse. I wish it could be made as illegal for an unqualified person to appear in nurses' outdoor uniform as it is for a civilian to masquerade in soldiers' uniform. We are having the annual meeting of the Ulster Branch of the Irish Nurses' Association this afternoon, and a resolution of protest on this question will be

proposed." The following telegram from Lady Hermione was received later:—"The Ulster Branch Irish Nurses' Association protests against the present improper wearing of nurses' uniform by unqualified persons, and suggests that steps should be taken to render it illegal to do so."

Miss Wright, the Matron of the Stobhill Hospital, Glasgow, containing nearly 1,000 beds, wrote:—"We are all so glad that you are taking up the awful abuse of nurses' uniform. I read the Driver case with indignation and disgust. I think the procuring of innocent girls by women wearing the garb of a profession known to be honourable, true and helpful is a most dreadful abuse. . . . Cannot we have our uniform protected as the Army have theirs, and persons punished who wear it without right? Will Parliament give us no redress, or will our demands be shoved aside as women's franchise has been? May your protest meeting have warm support."

Miss Macintyre, the Matron of the Royal Infirmary, Wigan, wrote:—"It is sad to know to what depth of degradation our uniform has been brought when it is worn by women of the very lowest character. . . . all honour to those who, by their courageous endeavours, are trying to stop this most disgraceful condition of things, and may every self-respecting nurse realise that it is her duty to do all in her power to help to get the protection which is so much needed."

Miss Waind, of Guildford, wrote, "To read in the newspapers of women accused of theft, &c., appearing in the dock in the guise of a nurse (generally without any justification, I am glad to say) does not tend to heighten the respect which used to be accorded to this special dress; and the fact that women of the worst type are known to masquerade in it with impunity, has not only robbed it of any power as a protection, but has created mistrust and doubt in the minds of those who may legitimately use it. I voice the comments of every member of the Galen House staff."

Mrs. Fenwick then moved the following resolution which though somewhat long, she said, dealt inclusively with the far-reaching question, of the power, through self-government, of the protection of her cloth by the trained nurse.

RESOLUTION.

"This Meeting emphatically protests against the grave injury suffered by the Nursing Profession as a whole, in the estimation of the public, through the exploitation of their professional uniform by persons who have no right to wear it, and who do so for commercial and also for criminal purposes, thus associating fully trained nurses in the public mind with unskilled persons assuming to be skilled, and with persons of immoral character.

"In the opinion of this Meeting the use of Nurses' Uniform by others than Members of the Profession is purposely designed to deceive the public to their detriment and danger, and is of fraudulent intent. Moreover, in this connection, this Meeting strongly condemns the habit of criminal persons, purporting to be trained nurses, appearing in the dock in uniform, with the object of arousing sentimental consideration for their crimes and sentences.

"This Meeting considers that the lack of legal status and power of self-government for trained nurses is primarily responsible for the injuries suffered both by them and the public; and urges upon Parliament the necessity for immediate legislation, as embodied in the Nurses' Registration Bill, which provides for tests of efficiency, and for the maintenance of discipline amongst Registered Nurses.

"In this connection, this Meeting begs to thank the Prime Minister for his recent promise, in the House of Commons, that the claims of the Nurses' Registration Bill shall receive consideration, and respectfully urges him to provide facilities, this Session, for passing it into law."

Mrs. Fenwick said that in times past nurses' uniform was universally respected, and in it she could safely attend the sick in the lowest slum. Very simple, neat, useful, and becoming, the cloth of the trained nurse was worn by her with pleasure and security, but owing to the lack of any power to protect her work or her uniform, both had been degraded by the unworthy, and the vocation of nursing terribly depreciated thereby. The first clause of the resolution protested against this grave injury, which had been accentuated of late; and the White Slave Traffic scandals, and such infamous instances as that known as the Driver case, had aroused widespread indignation amongst the self-respecting members of the Nursing Profession. Mrs. Fenwick then alluded to the details of this disgraceful charge, and proceeded to give instances in support of the accusation that the nurses' uniform was worn to cover criminal proceedings. She divided offenders as to misuse of nurses' uniform into two classes—1, Criminals; and 2, Those who ought to know better. In the first class were Thieves and Swindlers, Forgers of Certificates, Abortionists, Baby Farmers, Prostitutes, and White Slave Procuresses.

TRAINED NURSES' UNIFORM IN THE DOCK.

Mrs. Fenwick stated that she had preserved a large box full of newspaper cuttings of cases in which criminals of every description, the majority of whom insisted upon wearing trained nurses' uniform in the dock, had been convicted of nearly every species of crime, and for which as such they had been imprisoned with and without hard labour, had been sent to penal servitude for manslaughter, and hanged for murder, and she proceeded to give instances in support of this statement specifying the case and result, from a huge tabulated sheet, an astonishing record which, widely reported in the press, under headlines classing these evil-doers as "Nurses" without any attempt at verification, had inspired widespread distrust in the public mind concerning trained nurses, and done them irreparable injury.

Under the second heading of the misuse of Nurses' Uniform by "Those who ought to know better" was mentioned St. John Ambulance Association, which had adopted as the dress of its Voluntary Aid Detachments trained nurses' uniforms complete in every detail—a quite inexcusable proceeding upon the part of such an Associa-

tion, as those empowered to wear it had no right whatever to pose and dress as trained nurses, because they had been taught by lectures and demonstrations first aid to the sick, home nursing, and hygiene, all very useful knowledge, but which did not constitute the training of a professional nurse. And (2) Nursing Associations which supply the defenceless poor with dangerously inefficient attendants as "professional" nurses who were merely cottage helps and who, paid a sweated wage, undermined the standards of district nurses' training and their economic value.

THE REMEDY—A NATIONAL UNIFORM AND BADGE.

In the opinion of the organised nurses, Mrs. Fenwick continued, legislation was the only remedy. Through an Act for the State Registration of Nurses, giving the profession power to govern itself, and to maintain discipline in its ranks, it would not be beyond the wit of trained nurses to remedy many evils and disabilities from which they now suffered. It was quite useless to go to Parliament and ask for the passing of sumptuary laws, but an Act could protect the legal title of "Registered Nurse," and it might be possible to devise a National Uniform and Badge, which would be restricted to Registered Nurses—which the profession might wear with pride and pleasure, and which the public would soon come to recognise, as they now did that of the Army Nursing Service, as the exclusive uniform of an honourable class of women.

Mrs. Fenwick then proved the helpless and unjust condition of trained nurses in the body politic by their treatment under the National Insurance Act, and by the slur cast upon their cloth and character by the refusal of the Lyceum Club to recognise the higher grades of Trained Nursing as a qualification for membership—along with doctors, authors, journalists, painters, photographers, workers in arts and crafts, gardeners, mountain climbers, and other professional women workers.

The misuse of their uniform was a sign of the general depreciation and exploitation of their indispensable work—and nothing but legal status through the passing of the Nurses' Registration Bill could provide the necessary power to rehabilitate it in public estimation—and encourage educated women of high ethical standards to enter the nursing profession.

Dr. Chapple then called on Miss E. B. Kingsford to second the Resolution.

Miss Kingsford said she had very great pleasure in seconding the Resolution. She thought we must all realise that we had not done so much as we might have done to make a stir, and so to protect our professional uniform. It was always sad when things fell into disrepute. It was specially sad in the present instance because the discredit came not from inside but outside the profession, from the wolves in sheep's clothing. Miss Kingsford remarked that when she trained the nurses' uniform clothed honest women, who

were respected as such. Now women in uniform had to run the gauntlet of public opinion. She hoped to see nursing a profession registered and protected by the State.

Amongst those who took part in the discussion was Miss Beatrice Kent, who expressed her gratitude to Dr. Chapple for championing the cause of Nurses' Registration in the House of Commons. It was hardly possible to over-estimate the advantage it was to have such a good friend in the House, who also was doing missionary work amongst other members. She supported Mrs. Fenwick's suggestion of a National Uniform for Nurses when registered.

Miss Breay spoke of the recognition of the status of midwives through registration, even though their training was only of three months' duration. The public were quite ready to accept that as the only guarantee they could get of the fitness of a woman to care for the sick, and there was a real danger of the nursing of the sick poor in rural districts passing largely into the hands of midwives. Moreover when it became necessary for a midwife to be removed from the Midwives' Roll, and penal for her to use the name of midwife, she could adopt the title of nurse with impunity. She instanced one midwife who after a career of crime was removed from the Midwives' Roll in 1906 after being sentenced to three years' penal servitude. On the next occasion of her getting into trouble paragraphs in the press giving details of the case were headed "Professional Nurse as thief."

Sister Esther, of the West London Mission, thanked Mrs. Bedford Fenwick for her address, and corroborated all she had said. If, as a district nurse, she were not obliged to wear uniform she would not do so. She had met many young women who were a disgrace to the uniform and she knew a medical man who complained of the difficulty of getting nurses of the same type as formerly, and said that there was a great need throughout the country of a good class of nurse.

A member of the medical profession present drew attention to the misuse of nurses' uniform in the houses of many of his colleagues at the West End, where the maids who opened their front doors, and waited on their patients, were frequently to be seen wearing it.

The resolution was then put to the meeting and carried unanimously.

On the proposition of Mrs. Stabb seconded by Miss Hulme it was unanimously agreed that the Resolution should be sent to the Prime Minister and to Members of Parliament. The meeting concluded with a most cordial vote of thanks to Dr. Chapple for presiding, proposed by Mrs. Bedford Fenwick and carried by acclamation.

It is reported that Dr. Simon Flexner (Director of the Rockefeller Institute of Scientific Research), has discovered the germ of epidemic poliomyelitis (infantile paralysis). He states that the organism is one of the smallest ever identified.

TERRITORIAL FORCE NURSING SERVICE.

SUGGESTIONS FOR THE ORGANIZATION OF THE NURSING COMMITTEES OF THE GENERAL HOSPITALS WHEN MOBILIZED.

1. When orders have been issued for the General Hospitals to be mobilized, the Committee will make arrangements to meet every day in some rooms or hall adjacent to the hospital.

2. Some of the Committee will always be on duty during the day; a roster will be arranged of those who are willing to attend, and the hours they will be able to give.

3. They will receive all articles of food and clothing which are sent to them for the patients, and will acknowledge them and forward them to the hospital.

4. Some arrangement for transport, such as a light cart, a stove, and other necessary cooking utensils should also be provided.

5. Some of the most useful and important duties of the Committee will be in the work rooms where additional articles, similar to those provided by the Working Guilds, can be made, bandages rolled, splints covered, tray cloths made, and small articles washed and repaired. The Secretary or some other member of the Committee should obtain a list every morning from the Matron of the hospital, of the probable requirements for the day.

6. The Committee should select some of their members to act as visitors to the Wards, but this permission should be very carefully guarded as on former occasions the intrusion of unauthorised persons into Military Hospitals has caused great inconvenience not only to the authorities but also to the patients. No ladies, except those selected by the Committee and approved by the Administrator of the Hospital, should be placed on the regular visiting list.

The number of visits and the hours during which visits may be made to the Hospital will be decided by the Administrator, by whom visiting passes will be issued.

Authorised visitors before going into wards will ascertain from the Sister in charge if there are any which it would be inexpedient to enter, and also any patients whom it would be undesirable to visit, and they should be guided by her decision.

7. No food of any kind should be taken into the wards by the visitors, but newspapers and books, flowers, pipes, tobacco, cigarettes, writing paper and envelopes might be distributed by the visitors to those patients allowed to receive them.

ARMY ORDERS.

In the Army Orders, 1913, under Regulations for Members of the Territorial Force Nursing Service who desire to volunteer for Active Service, the following appear:—

The members of the Territorial Force Nursing

Service will be allowed to volunteer for active service at home and abroad when not required for duty in the Territorial Force General Hospitals, under the following conditions:

1.—Subject to the sanction of the War Office, they will be allowed to offer their services to assist in any war in which this country is neutral, under the British Red Cross Society or under other organizations that may be approved by the Foreign Office.

2.—They will also be permitted to offer their services, if required, for campaigns in which this country is engaged, with the Q.A.I.M.N.S. Reserve, or under the British Red Cross Society, provided that application is first made to the War Office through the Principal Matron.

3.—Members wishing to volunteer should apply for permission to their Principal Matron, who, after a personal interview, will select the most suitable candidates and forward their applications to the Matron-in-Chief, stating their qualifications for such service, their rank in the Territorial Force Nursing Service, and if they have had any previous war service or military training.

4.—Permission to serve will be given to a certain number, not exceeding twelve in each hospital, of those who have been selected by the Matron-in-Chief, and their names will be forwarded to the organizations requiring their services, subject to provisions of paragraphs 1 and 2.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

EXAMINATION FOR THE ROLL OF QUEEN'S NURSES.

1.—What conditions would lead you to suspect that the drainage of a house was in an unsatisfactory state? What steps would you take in the matter?

2.—What are the advantages of breast feeding over artificial feeding of the infant and how would you satisfy yourself that the infant was progressing favourably?

3.—What are the manifestations of the disease called Rickets? What is the cause of this disease, and what are the evil effects to which children affected by this disease are often disposed in after-life?

4.—How may an epidemic of Typhoid be caused, and what steps should be taken to discover the cause of infection?

5.—Mention some of the common errors in feeding children about one year old. Sketch roughly a suitable diet for a child of that age in a working-class family.

6.—If you discovered in a family you were attending, a child who was either blind, deaf or dumb, or epileptic, how would you act in its interest?

The dental nurse is coming much to the fore in the United States. She teaches children to keep their mouths clean and healthy.

APPOINTMENTS.

LADY SUPERINTENDENT

Hammersmith and Fulham District Nursing Association, Carnforth Lodge, Hammersmith, W.—Miss Mabel Rogers has been appointed Lady Superintendent. She was trained at the Royal Infirmary, Edinburgh, and received her district training in connection with the Bloomsbury District Nursing Association. Since 1908 she has been Superintendent of the Sunderland District Nursing Association.

MATRON.

Stanwell Isolation Hospital, Middlesex.—Miss Pauline E. Allsop has been appointed Matron. She was trained at St. Bartholomew's Hospital, London, and has held the position of Sister at the Infectious Diseases Hospital, Skipton. She has also had experience of private nursing.

NURSE-MATRON.

Mowsley Sanatorium, Leicester.—Miss Emily E. Merron has been appointed Nurse-Matron. She was trained at the Central London Sick Asylum, Hendon, and in infectious nursing at the Grove Hospital, Tooting, and has held the position of Charge Nurse at the North Western Hospital, Hampstead, and of Sister at a Home Hospital in Dublin. She has also had experience of private nursing.

ASSISTANT MATRON.

James Murray's Royal Asylum, Perth.—Miss Margaret Balfour Doig has been appointed Assistant Matron. She was trained at the Whitehaven and West Cumberland Infirmary, Whitehaven, at the Simpson Memorial Hospital, Edinburgh, and at the James Murray Asylum, Perth, where she has held the position of Charge Nurse. She has also been Charge Night Nurse at the Crichton Institution, Dumfries, and has had experience of private nursing.

SISTER.

Norfolk and Norwich Hospital, Norwich.—Miss Isabel Davis has been appointed Sister. She was trained at the Belgrave Hospital for Children and at University College Hospital, London, where she was also on the Private Nursing Staff. Miss Davis has held the position of Night Sister at the Royal Waterloo Hospital for Women and Children, London.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Nursing Sister Miss Alice Maud Gilmore has been promoted senior nursing sister, with effect from December 14th, 1912.

The undermentioned lady has been appointed a nursing sister: Miss Winifred Heintz Wright. Dated February 28th, 1913.

The undermentioned nursing sister has been permitted to resign the Service: Miss Mary Cecilia Quinn. Dated May 7th, 1913.

The undermentioned senior nursing sister has been permitted to retire: Miss Ethel Sykes. Dated March 1st, 1913.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.—Miss Ethel M. Jones is appointed to Chatham, as Senior Nurse; Miss Edith Bevington, to Redditch; Miss Rosalie Chadwick, to Kettering; Miss Lilian Coulson, to Kettering; Miss Clara Guilfooy, to Burnley, as Tuberculosis Nurse; Miss Florence Herbert, to Huddersfield; Miss Phoebe Inchley, to Leeds, Holbeck; Miss Annie Newell, to Hanley; and Miss Ellen Nichols, to Exmouth.

PRESENTATION.

An interesting little ceremony took place at the Imperial Institute on Wednesday, March 5th, when Miss M. E. Dalrymple Hay, on resigning the post of Secretary to the Colonial Nursing Association, was presented by the Members of the Council and Executive Committee with a chased silver box, enclosing a cheque.

In making the presentation, Mr. C. T. Bruce, Chairman of the General Purposes Committee, referred to the excellent work done by Miss Dalrymple Hay during her 12½ years' connection with the Association, and the untiring zeal and energy displayed by her in the discharge of her duties.

Miss Dalrymple Hay, in acknowledging the gift, expressed her gratitude to the Committee and the Honorary Secretaries for the support they had given her, and referred to the great incentive to good work which she had found in the personal interest shown by Mr. Chamberlain in all that concerned the Association. She said that the future of the Colonial Nursing Association had been assured from the beginning since the foundations had been so well and truly laid under his guidance and direction.

A book containing the signatures of the donors accompanied the cheque.

THANKS TO MISS FISHER, OF LEEDS.

The Weekly Board of the General Infirmary, at Leeds desire to express their great regret at Miss Fisher's retirement from the position of Lady Superintendent of Nurses which she has occupied for twenty-three years.

Miss Fisher's capacity as an administrator, her high sense of duty, and her natural kindness of character, have commanded the respect and gained the esteem and affection of those with whom she has worked, and have largely contributed to the efficiency and success of the Infirmary itself.

Whilst thanking Miss Fisher for the great services she has rendered to the Infirmary, the Board hope that she may long be spared to enjoy her well-earned leisure.

RESIGNATION.

Sister Ocker, who has been on the staff of the Bristol and Clifton District Nurses' Society for over twenty years, first as Nurse and afterwards as Home Sister, has resigned, much to everyone's regret, to join her sister's family in the United States.

NURSING ECHOES.

We are glad to note that the Red Cross Society, in sending out a Relief Party to Greece last Wednesday, included three trained nurses, Miss Maud Bullock (Sister in Charge), Miss Honor McCormac (Sister Matthew, St. Bartholomew's Hospital), and Miss Frances Latham.

We hear from many sources that the shortage of nurses, and suitable candidates for training as such, is becoming a very serious question, especially throughout the Poor Law Service and District Nursing Service. Wider opportunities of employment for educated women—disappointment with the refusal so far of the Government to redress the educational and economic disabilities of nurses—and the charms of pastures new through emigration—are in part responsible for the lack of supply; but, no doubt, if institution and district nurses were better paid things might improve. Life is fuller in many ways than in the past and much more costly, and the mean salaries generally offered by persons supplying nursing to the poor, make it impossible for young women to share in the activities, intellectual and physical, which every man and woman who can afford it expects to enjoy in these days. The old spirit of complaisant acquiescence with "this condition of life" whatever it may be, is a thing of the past. Women have found that the world is good, and they want to enjoy it.

The decision arrived at and the arguments advanced by the City of London Board of Guardians at last week's meeting are highly creditable to them. They adopted the report from the Workhouse and Infirmary Management Committee with regard to a scheme they had prepared for the better training of nurses in the Infirmary, in which there was a proposal to add an additional year to the period for training nurses, for the purpose of securing instruction in electro-therapeutics, massage, and the Nauheim treatment, and also outside training in surgical nursing. In their lengthy report the Committee entered into interesting details as to the various arrangements which would be necessary under the scheme, which, they pointed out, to be efficiently carried on would entail the appointment of four extra probationers and also the extension of the training period from three to four years. We agree with those guardians who argued that the importance of the question was not whether

after four years enforced training the nurses stayed on in the service of the Guardians, but that their training should be efficient, and that wherever they went their work should be a credit to the Board.

The uniform of the trained nurse is put to strange uses nowadays, but we have never, until recently, seen it pressed into the service of an itinerant organ grinder to bring showers of coppers into the cap handed round by his partner. The other day, in the medical quarter of the West End, everybody was "out of windows" to see eight little marionettes gyrating on the top of a grinding organ; nearer inspection showed that the male figures were a sailor, a soldier in khaki, a policeman, and a postman, and in the arms of each was a nurse in indoor, or outdoor uniform, revolving at top speed, or dancing a reel to a merry jingle on the organ. What next?

The Berwick Burns Club propose to erect a monument to Jessie Lewars, who nursed Robert Burns through his last lingering illness. She lies buried at Dumfries, within a stone's throw of Burns's mausoleum. She was a constant visitor at his humble home, and assisted Mrs. Burns in the household, besides nursing the dying poet. With a heart full of gratitude for her ministrations he wrote "Oh, wert thou in the cauld blast," a song to which Mendelssohn composed the exquisite melody that now accompanies it. This song was a touching outburst of gratitude for Jessie Lewars' ceaseless attention to Burns, and was among the last efforts of the poet's life.

A committee meeting of the Nurses' Insurance Society of Ireland was held at their office, 29, Gardiner's Place, Dublin, on March 11th, when the following resolutions were proposed and carried unanimously:—

"(1) That, in the opinion of the members of the Nurses' Insurance Society of Ireland, now numbering over 600, the present proposal to pay a fee of 5s. to a poor law maternity nurse, provided she conducts a case without the attendance of a doctor, is open to grave abuse. Thus it is proposed to pay the nurse in a simple confinement case which can be conducted safely by herself, but she must forfeit her fee in a difficult and anxious case which requires the presence of a medical man, and where delay in doing so may endanger the life of the patient."

"(2) That the maternity nursing service should be constituted a State service, that nurses so employed should be paid a proper

living wage. The service should be periodically inspected, and that employment in it should terminate at their marriage."

The Secretary, Miss K. Kearns, was instructed to send these resolutions to the Government officials and others.



THE NATIONAL COUNCIL OF NURSES.

NURSING CONFERENCE AND EXHIBITION, DUBLIN.

The organisation of the arrangements by the Irish Nurses' Association of the Nursing Conference and Exhibition, to be held in Dublin in the first week of June, is quietly proceeding.

The Opening Reception will be held on the evening of Tuesday, June 3rd, in the Royal College of Surgeons of Ireland, by the courtesy of the Council, and the Council of the Royal College of Physicians of Ireland have most kindly lent their Hall and Rooms in which to hold the Conference. The scope of the Conference has been extended to include a session on Massage Training and Education, at which interesting papers will be presented: (1) "The Training of the Masseuse," and (2) "Professional Ideals with Regard to Massage Workers." A room, as well as the large Hall, will be used on the afternoons of June 4th and 5th, so that two meetings can be held simultaneously.

Two papers which will undoubtedly arouse deep interest are those dealing with the Black Plague (venereal disease) by the Honourable Albinia Brodrick, whose address on this subject was one of the most remarkable and epoch-making at our London Congress in 1909, and that to be given by Miss M. Breay, on "A Just Midwives' Act for Ireland." As a certified midwife, no one is better able to offer expert opinion on this important matter than Miss Breay, who has in the interests of the readers of this journal attended nearly every meeting of the Central Midwives' Board for the last ten years, whose reports on its proceedings are acknowledged to be models of professional journalistic acumen, and who is intensely interested in the welfare of the midwife and the progress of her work for the community.

Details of the scope of the Nursing Exhibition will appear in these columns in due course. It is hoped much personal interest may be evinced by nurses in the competitions, for which Prizes will be offered by THE BRITISH JOURNAL OF NURSING, the official organ of the National Council of Trained Nurses of Great Britain and Ireland.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

The Queen has sent for the use of the in-patients of the Royal Hospital for Incurables, Putney Heath, a gift of brocade, velvet, and other articles, and has expressed the hope that they may be useful in making bags and cushions for the annual sale of work, which will be held at the Hospital in June.

A lady who wishes to remain anonymous was announced at the annual meeting of the London Homœopathic Hospital recently to have sent a cheque for £10,000, through Dr. Byres Moir—£9,000 towards the debt to the bankers of £16,675, and £1,000 to name a bed in one of the "paying rooms," to benefit gentlewomen of small means who are not eligible for the beds in the free wards.

Lord Dysart has promised the last £1,000 if the £16,675 is raised by December 31st. If that is done, the ward for children in the new wing, at present unopened for want of funds, will be named Queen Alexandra Ward.

The Local Government Board have issued a Memorandum, which has been prepared by their architect and medical officer, on the construction and arrangement of inexpensive buildings for the treatment of cases of tuberculosis. It is claimed that in the provision of such institutions forms of construction are adopted which are as economical as is compatible with efficiency.

The Board adhere to the view expressed in their circular letter of December 6th last that a sanatorium for the treatment of early cases of tuberculosis should, where practicable, on grounds both of economy and efficiency, contain not less than 100 beds, and they will be willing, in cases where the population of an area would not justify provision on this scale and it has not been found feasible to arrange for a combination of areas, to consider proposals for providing institutions with fewer beds. Opportunity is again taken to urge the importance of organizing without delay an efficient system of dispensaries for the various areas. The Board are advised that a very large proportion of cases suffering from tuberculosis at any one time can be properly treated at an efficient dispensary, and that the selection of suitable cases for treatment in residential institutions will be more satisfactorily effected where a dispensary system is in operation.

Mount Vernon Hospital for Consumption is to be sold owing to the lack of financial support. By its sale the committee hope to concentrate the work at Northwood, which can be enlarged as their means will allow.

Sir G. W. Truscott has been elected treasurer of the City of London Hospital for Diseases of the Chest, Victoria Park, in place of the late Sir Edward Sassoon. The Hospital has received a donation of £250 from the Goldsmiths' Company.

ULSTER BRANCH, IRISH NURSES' ASSOCIATION.

ANNUAL MEETING.

The seventh annual meeting of the Ulster Branch of the Irish Nurses' Association was held in Belfast on March 13th, in the hall lent by the Deaf and Dumb Institute. There was a representative attendance, and many matrons were present.

The President, Lady Hermione Blackwood, presided.

Miss Workman (Hon. Sec.), read the report, which stated that there had been three excursions during the year, which had been well attended; and two lectures had kindly been given by Dr. J. C. Rankin and Prof. Sinclair—Dr. Marion Andrews had also given an address on the Insurance Act. These lectures had attracted such large audiences, that next winter it is proposed to have a course of six. Nurses present were asked to suggest subjects for the lectures.

The Treasurer reported a balance in hand of £12 14s.; and this being so, it was decided for the future to reduce the annual subscription of the members of the Executive Committee to 10s. per annum.

Miss Melville (Matron of the County Antrim Hospital) and Miss Johnson (formerly Matron of Banbridge Infirmary) were elected as Vice-Presidents of this branch of the Association.

The former members of the Executive and Amusements Committee were all re-elected.

Lady Hermione Blackwood (in the chair) then spoke of the meeting to be held in London, on the evening of March 14th, to protest against the misuse of nurses' uniform; and invited the members to give their views on the subject.

Miss Duffin said she had made inquiries from a London police court official, and from his reply it did not seem to be a fact that there was much abuse of nurses' uniform; and this gentleman stated also that in his experience a woman in nurses' uniform could go into the worst of slums with safety, when others could not do so. Miss Duffin considered it would be a very great misfortune if nurses were discouraged from wearing out-door uniform, and said she understood the object of the meeting in London was to propose this; and, therefore, she was not in sympathy with a resolution on the subject being sent to the meeting in London.

Miss Bostock (Lady Superintendent, Royal Victoria Hospital), and others, said that they understood that the object of the meeting in London was to obtain *protection* of nurses' out-door uniform, and not to abolish it, the majority of members present agreeing that this also was their view of the matter.

Miss Newman (Superintendent of the Nurses' Home, Frederick Street) proposed the following resolution, which was passed with three dissentients:

"The Ulster Branch of the Irish Nurses' Association protests against the present improper wearing of nurses' uniform by unqualified persons, and suggests that steps should be taken to render it illegal to do so."

After further voting, it was agreed that this resolution should be sent to the convener of the meeting to be held in London.

Miss Duffin then read an admirable paper, written by Miss Rogers (late of Leicester), on the International Nursing Congress at Cologne. The nurses were greatly interested in the paper.

The announcement of the Nurses' National Council Conference, to be held in Dublin on June 4th, 5th and 6th, was made; and all present were warmly invited to attend it, and to make it known to their friends. Miss Workman stated that she hoped to arrange with the railway company for cheap fares and day excursions.

Votes of thanks to Miss Duffin, to Miss Workman (the indefatigable and energetic hon. secretary), and to the chairman, were then passed.

Many questions, *re* the Dublin Conference were asked over the tea-cups, at the conclusion of the meeting; and many expressed their intention of attending it.

SOCIAL SERVICE.

"SUPPER TIME TALKS WITH TRANSPORT WORKERS."

By EVELINE WRIGHT CROPPER.

(Concluded from page 213).

With many of the workers, especially the dockers and crane drivers who load and unload ships, the great difficulty is the extreme irregularity of the work. Sometimes for weeks they can earn little or nothing and then a rush will come when they have to work for thirty-six hours at a stretch or even longer if they can. Such a thing is excusable, of course, in cases of dire emergency, but it becomes shameful when the only interest at stake is gain. How would the shareholders in a shipping company feel if they could see a man come home at midday looking feverish and thoroughly ill, and hear him say, "I was working all yesterday and all last night and this morning, and they wanted me to go on, but I couldn't. I had to give in and come home"?

Tell an employer that it is cruelty to keep men at work for so many hours and he may answer that it is their own fault. He would much rather, he says, employ two shifts, paying each set of men at the ordinary rate, than employ a smaller number for a longer time, paying them at a much higher rate for overtime. It is their own look out, he says, for refusing to have extra men taken on at busy times. His defence has some truth in it, but the root of the matter is that wages are so low that the only way the men can earn a living wage is by working overtime for

extra pay. Almost in the same breath the same employer will plead that it is extremely inconvenient to change shifts in the middle of a piece of work that has to be done quickly; so the convenience of the master is the main reason for these oppressive hours, by his own admission. They much prefer the man on the spot; the man they know and can trust. Put the question to the men and they will tell you, "Aye, we're glad to work a bit overtime but we don't want to kill ourselves."

Let me introduce you to a crane-driver whom I am proud to call my friend, one of those "poor neighbours to whom we may be glad of an introduction in the next world." He is a fine-looking man, but at first you will be so much taken up with the sweetness and power of his personality that you will hardly notice his outward appearance. A life of sorrow and strain has aged him before his time, but it has not robbed him of his warm heart and triumphant trust in God. This winter's evening he comes in at seven o'clock after ten hours' work and in answer to his wife's question he says he has not got to go out to work again, though there is a rush on and his mates all have to go back to work after their tea. He gives no explanation, but perhaps a bad chest and sciatica may account for his being let off. "I should have thought ten hours was enough for anybody," I observed. "Aye, miss, it is, but we've got to keep going if they're in a hurry. Once I got a bit out-of-sorts and had to go to the doctor and he feels my pulse and he says to me: 'What have you been doing, Charlie?' he says. 'Oh, nothing, doctor,' I says to him. 'Come, now, you've been doing something out of the ordinary.' 'Well, doctor, I've been working—we've been busy.' 'Come, come,' says he, getting impatient, 'tell me what you've been up to!' 'Well, doctor, I've been working three shifts on end,' and the doctor, he looks at me, keeping his finger on my wrist all the time and he says, 'It's killing you, Charlie, it's killing you!' Oh, Miss, many a time you'd give a shilling just for five minutes' rest, and you can't get it. There you are with men's lives depending on how you move hand or foot and you're more asleep than awake, like this—" and he closes his eyes and nods sleepily as if overcome by weariness. Then he continues: "The ship has got to sail at such a time and we've got to keep at it till she's loaded. But supposing a little fog comes over"—and he lowers his voice and makes a wide, slow sweep of the hand—"they've got to stop then. Oh, Miss, it's *not* right, but they won't see it of themselves. It's ask, ask, ask, and they won't give yer nothing unless it's dragged out of them. If they'd make things a bit easier without being asked, it'd make all the difference."

The speaker was no grumbler, no slurker, no humbug, but a true, bright, energetic man. He was simply stating facts, facts that anyone may verify for themselves, though so many people are ignorant of them. It is so easy to condemn

one side or the other, especially when we know little about either, and it is very difficult to make anything like a thorough investigation of the problem, but even a little honest enquiry will teach us that the whole subject is far too complicated to be made the subject of sweeping assertions and hasty judgments. Again, without going very deeply into the subject we may discover that the struggle is really a three-sided one, the men being driven by the masters, who in their turn are often harassed by the impatience and selfish heedlessness of the public, of which we form a part.

Those who in any sense come under the head of employers often ignorantly take it for granted that, because they personally are innocent of oppression, the working man must therefore always be wrong in his revolt against his employer, but while there are many masters who are both just and kind there are probably a great many more who are neither one nor the other. People of culture and refinement who often side with the employer as a matter of course have in reality no sympathy with the large class of small employers, agents and overseers who to a great extent represent capital to the working man. Remember he rarely comes into close touch with gentlemen of the sort who would command his respect, but he sees a great deal of the "boss" who can scarcely give an order without swearing and who commands neither his love nor his respect.

But, again, we are baffled perhaps by stories of the ingratitude, disloyalty and laziness of work-people and our hearts are torn with conflicting sympathies, the anguish of seeing both sides, until it comes to us to realise that a cause may be righteous even though many of the people involved are unworthy. Instead of seeking a blind adherence to one side or the other, let us face the fact that there are rights and wrongs on both sides, and in the fiery light of pain strive to learn our great lesson, "Condemn not, that ye be not condemned," for only so can we follow the road that leads to lasting peace and light.

FOREIGN LETTER.

FROM SYRIA.

"Now the feast of unleavened bread drew nigh, which is called the feast of the Passover."

I think it may interest some of my nurse friends who are working among the Jews in England to know how the feast of the Passover is kept in Jewish houses in Syria. Our Jewish Dispenser kindly invited us to witness this ceremony at his house, which took place rather late in the evening. The father of the family having lately died, the eldest son presided. Eight persons were present, including two small children. Two of the men were quite old Spanish Jews, with strong features and very long beards.

At first they all sat round a table which was covered with a white cloth with a tray on it, and on this were placed jars of water and cups of wine. Then they all stood round the table and drank from the wine cups, which had been filled with water and wine. They resumed their seats and a basin and jug of water were brought in and they all washed their hands; this was not an elaborate function, as they merely dipped their hands in the water and dried them on their handkerchiefs. Several different kinds of herbs were heaped on the tray, and these were "eaten in haste," but not with any apparent relish. The bone of a lamb was on the tray; no one touched it, but it was a sort of memorial of the Paschal lamb which, in the time of the great Jewish Lawgiver, was roasted whole and eaten with bitter herbs. Unleavened bread was wrapped in a cloth and slung over the left shoulder of the man who presided at this feast; this, I was told, was to illustrate "the haste in leaving Egypt," for the same reason a tray was waved over the heads of those at table. After this one of the old Jews read aloud in Hebrew the whole account of the Passover, at the end of which the basin was again produced and wine was dashed into it ten times; this, I was told, was emblematic of the ten plagues. Then followed further reading aloud in Hebrew. Again they washed their hands, drank more wine and water, eat unleavened bread dipped in wine, and herbs mixed with something very sweet, to represent mortar; it was made of pounded almonds mixed with sugar, wine, &c., and looked something like jam; this was put in a basin and each one dipped his bit of lettuce or other herb into it and then ate it; others put the "jam" between the herbs and made sandwiches of it. All the men present were quite serious during the ceremony, but the women appeared bored, and one of them rose from the table in the very middle of it, lighted a cigarette, and then sat and yawned on a sofa at another end of the room. As for the two small children, they seemed to think it was time to play and got up and ran about the room. Finally the "feast" came to an end, and we were given quite a lot of unleavened bread to take home with us. We were grateful for the kind hospitality of our Jewish friends, but there was something inexpressibly trivial about the whole ceremony. Of what avail all these symbols? Will they bring us nearer to the Paschal Lamb who died that we might live unto righteousness? May God hasten the time when all these empty forms and ceremonies shall cease and when every Jew in every land shall acknowledge Christ as their King and Divine Redeemer.

SISTER MARIE.

Miss Maude Royden the new editor of the *Common Cause*, speaking at the weekly reception of the Executive Committee of the London Society for Women's Suffrage, refused to regard the municipal vote as the true alternative for the political vote. It was like asking a hungry person if she would like an umbrella.

BOOK OF THE WEEK.

"THE TWO CARNATIONS."*

The Assembly Rooms at Bath have always a romantic association, and it was here that the first scene in this love story was enacted. The lady who wore the two carnations was proud and beautiful, and as a consequence was the beloved of more than one beau. It was the Frenchman, the Marquis de Champlain, that she favoured, and it was Mr. Wedderburn who won her, by a dishonourable trick. Concealed in a bunch of roses the Marquis had placed a little note begging for her hand, and as a sign of her favour he asked for a carnation from her breast. But Wedderburn abstracts the note, and offers himself as a suitor through her brother, Sir Henry, who is under great monetary obligation to him.

Ursula smiled haughtily.

"It does not suit me to be penniless, to see my brother penniless, Mr. Wedderburn, . . . You want me, do you not, for your wife?"

"By heaven, I do!"

"On my own terms?" She was breathing heavily.

"On any terms."

Her terms were that he was to ask for no affection from her, that she was to spend his money without question or reproach, that if he were ever to become poor she should be free, and that at the end of four years he was to see to it that she became a widow. And to each of these he answered: "I agree."

An ardent lover, truly.

She exercises her rights to their extreme limit. We read of her covered in diamonds, so that "she shamed the light of a hundred candles." Steven, looking around his splendid room, saw his wife's portrait painted by the most expensive and fashionable painter of the day. Though it was February, red and white roses were scattered extravagantly in gold vases. On a rich settee rested some unopened packages. Steven went and took off some of the wrappings. Valuable prints, rare books, and costly, useless ornaments, all ordered by his wife, and not yet looked at—perhaps never would be looked at by her. He returned to the table and took up the bills she had left him—laces, gloves, shoes, notepaper, powders and perfumes—they amounted to some thousands of pounds.

"So you are revenging yourself on me," he said, "this way."

And a very telling revenge it was, for it brought him to the brink of ruin.

Ursula's brother, to whom she was passionately attached, is killed in a duel, and at his death she learns of the treachery by which her husband won her, just when there was a prospect that she would respond to his affection. She determines

* By Marjorie Bowen. Cassell & Co., Ltd., London and New York.

to seek out the Marquis de Champlain and tell him the whole story. She arrives in Paris at the time of the Revolution, and there are vividly described the terrible tragedies of that period. She finds the Marquis, only to learn that he is betrothed to a young girl, Clarisse.

After terrible suffering and peril, Steven Wedderburn finds her.

He dared to take hold of her.

"I have been very foolish," breathed Ursula.

He held her speechless.

"Let us make another bargain," she said.

"Another? What bargain? Ah, my dear, my dear!"

"Just—the ordinary bargain," smiled Ursula, and hid her head on his shoulder.

And so Steven won his wife after all.

H. H.

COMING EVENTS.

March 26th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture by Dr. Moorhead, "Massage in Diseases of the Nervous System." 7.30 p.m.

March 27th.—Nurses' Social Union. Lecture by Dr. Barty King on "The Lessons to be Learned from the Social Insurance Act of Germany, with Special Reference to the Crusade against Disease," illustrated by lantern slides, Institute of Hygiene, Devonshire Street, London, W., 3.15 p.m. Admission free to members, who are requested to wear their badges or bring their cards. Nurses not members, 6d.; others, 1s.

April 6th.—National Health Week begins. A crusade to make the public acquainted with the latest developments of hygiene.

April 22nd to 25th.—Annual Exhibition and Nursing and Midwifery Conference, Horticultural Hall, Westminster, London.

NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

June 4th to 6th.—Conference and Exhibition organized by the Irish Nurses' Association. Questions of interest to be discussed:—Nursing Education, Preliminary, Theoretical and Practical and Post Graduate; State Registration; the Nurses' Registration Bill, its effect on the Nursing Profession, including Hours of Work, Remuneration and Privileges; the Law as it affects Trained Nurses; White Plague (tuberculosis); Black Plague (venereal disease); the Appeal of the Insane; Poor Law Nursing; School Nursing; The Training and Professional Ideals of the Masseuse; the Legal Status of the Midwife; a Just Midwives' Act for Ireland.

A WORD FOR THE WEEK.

He only is advancing in life whose heart is getting softer, whose blood warmer, whose brain quicker, whose spirit is entering the loving peace.—*Ruskin.*

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

ALEXANDRA DAY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—A press cutting from your newspaper has been forwarded to me, and I am sending you a Balance Sheet of Alexandra Day, as I feel you would not wish such an erroneous statement to remain uncorrected. You will see from the Balance Sheet that under £5,000 was spent on the organisation and roses for last year, and not £7,000 as you state; also that £3,000 worth of roses, baskets, and sashes included in that expenditure will be used this year.

Letters have been received from hospitals all over the country wishing to adopt the scheme, and to join in the celebration of the Day, which is to be held this year throughout the United Kingdom in honour of the fiftieth anniversary of Her Majesty Queen Alexandra's landing in this country.

I wish also to point out that when once a rose has been purchased people were not asked to buy another, and this rule will be strictly enforced this year.

Yours faithfully,

M. WILTON,

Chairman of Executive Committee.

10, West Bolton Gardens, S.W.

ALEXANDRA DAY, 16TH JUNE, 1912.

REVENUE ACCOUNT.

Expenditure.

To—	£	s.	d.	£	s.	d.
Flowers, Baskets, Boxes and Sashes	4,558	17	8			
Printing and Stationery	755	12	10			
Salaries of Local Secretaries, Clerical Assistance, Postages and General Out - of - Pocket Expenses ..	1,726	7	0			
				7,040	17	6
Balance, being Excess of Income over Expenditure				11,196	2	3
				<u>£18,236</u>	<u>19</u>	<u>9</u>

Income.

By—	£	s.	d.
Cash Received, being Total Amount of Collection as per Bank Pass Books	18,236	19	9
	<u>£18,236</u>	<u>19</u>	<u>9</u>

We have examined the above Account with the books, and certify the same to be in accordance therewith. The Stock of Flowers, Baskets, and Sashes, taken at or under cost, amounts to upwards of £3,100, in respect of which there is an outstanding liability of £1,000, payment of which has been by arrangement deferred until after next year's fête.

WHINNEY, SMITH & WHINNEY,
Chartered Accountants.

M. WILTON.
S. B. CECIL.
J. M. LOWENFELD.

[We made no erroneous statement in our issue of March 1st (page 174) when we stated "£7,000 was spent to produce £11,000 for the cause." In fact, from the Balance Sheet sent to us by the Countess of Wilton the exact expenditure was £7,040 17s. 6d., and the "Balance, being Excess of Income over Expenditure" is stated to have been £11,106 2s. 3d., and is the actual sum distributed. With the liability of £1,000 or the value of stock in hand we have nothing to do. Actual expenditure and profit is what we criticised in referring to the Balance Sheet of Alexandra Day. We may add, however, in this connection that we consider the expenditure under the three sections, in which so many items are lumped together, and not plainly given in detail as they ought to be, are in every particular very excessive for the net result. What should have been quite clearly stated under the first heading is how much was actually paid to the workers who made the flowers. Printing and stationery is an enormous item considering the free advertisement given widely by the press to this Royal function, and that £1,720 7s. was spent in "salaries, clerical assistance, postages, and out of pocket expenses" is out of all proportion for a charitable function. From a well-managed central office, the whole organisation should have been done for a third of the sum. We sincerely regret to hear that this very undignified and expensive method of raising funds for the hospitals is to be repeated. Such pestering and peddling in our public streets by quite young girls dressed to attract, and the chaffing and familiarity between them and all sorts and conditions of strange men is most undesirable. Is it presumable that Queen Mary would permit her young daughter to take part in this "charitable effort," even in honour of her grandmother? We think not. Let other mothers follow her example. Just one hint more. All collecting boxes used should be sealed and locked securely. We observed that this was not invariably the rule on the former occasion.—ED.]

THE WORK OF THE B.J.N.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have to-day sent the yearly subscription for my Journal, and once more wish to thank you for it and for all you are doing for our profession and for the cause of women in every

way. Hoping the registration of nurses will soon be passed, as well as the Women's Franchise Bill, and wishing you success in all your undertakings, and health to carry them through.

Yours sincerely,

L. SMITH.

Simla, India.

THE LEAST ONE CAN DO.

Rabbits for Food.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—Will you allow me to supplement my recent letter on the use of the cruel Dorset gin by West of England trappers? I wish to point out that wild rabbits covered with dried blood, or with a leg broken or torn away, in all probability have been tortured in the traps for hours, and consequently they are not in such a good condition as those which have been caught in a more humane manner. The public should purchase only shot or netted rabbits. This would put pressure in the right direction, and is the very least any one of us can do.

I remain, yours faithfully,

JOSEPH COLLINSON.

Animals' Friend Society,
York House, W.C.

We would make every sort of animal-trap illegal.—ED.]

REPLIES TO CORRESPONDENTS.

In Doubt (Finchley).—We should advise you to enter for the examination of the Central Midwives' Board after, not before, general training. You should know the general principles underlying all nursing work, otherwise you will not benefit to the full extent by the special midwifery training, for which the usual three months is all too short.

Mrs. Jessop (Hull).—If your daughter hopes to become a nurse eventually, her education should be arranged to include subjects which will be useful to her later. Physiology, hygiene, needlework, elementary Latin; and later, in the waiting time between school and hospital, it would be most useful for her to have a course of instruction in domestic hygiene, including sick-room cookery, and also to acquire some knowledge of social conditions.

OUR PRIZE COMPETITIONS.

March 29th.—Give the general rules for the disinfection of each of the following in the case of infectious diseases: (a) Discharges and excreta; (b) Linen; (c) Utensils; (d) The Nurse's hands.

April 5th.—Name the excreting glands of the body, and the products of each.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper. Only the most reliable firms are accepted by the management.

The Midwife.

CENTRAL MIDWIVES BOARD.

A meeting of the Central Midwives' Board was held at the Board Room, Caxton House, Westminster, S.W., on Thursday, March 13th.

A letter was received from the Clerk of the Council stating that the Financial Statement submitted by the Central Midwives' Board showing an adverse balance of £2,682 16s. 11d. had been approved by their Lordships for the purpose of apportionment between County Councils and County Boroughs.

REPORT OF THE STANDING COMMITTEE.

On the Report of the Standing Committee the following business was dealt with:—

A letter addressed to the Chairman was read asking for information as to the payment of Sickness Benefit on the certificate of a midwife. The case stated was that of a woman who was entitled to sickness and disablement benefit as well as to maternity benefit. The midwife who delivered her signed both certificates, but as the Insurance Committee concerned required the signature of a medical practitioner before sanctioning the payment of sickness and disablement benefit the woman had to refund the 15s. paid over to her. It was hard on the woman, more especially as to signing a similar certificate a doctor had charged 15s. The advice and assistance of the Board was sought in this matter.

The Board decided to reply that it has no jurisdiction to regulate payments under the Insurance Act, but that it would forward the letter to the Privy Council and the Insurance Commission for them to deal with.

The Standing Committee further suggested the adoption of the following recommendation:—

That it seems somewhat hard to the Board that a woman entitled to disablement as well as to maternity benefit in respect of a confinement should be obliged to procure the signature of a medical practitioner when she has exercised her option and put herself under the care of a midwife.

Mr. Parker Young said that he felt that there was a great difficulty in the Board meddling in this matter, which was not in its province, but in that of the Insurance Commissioners. All approved societies had certain rules, one being that to obtain sickness and disablement benefit every member must send a certificate from a Registered Medical Practitioner. A midwife in the above case would have to decide whether the patient was suffering from disease. Moreover, lying-in women were not ill for a month. He had known women at the wash tub on the fifth day, and in Ireland it was usual for them to be up again on the eighth day. A month was longer

than necessary. He considered that the above recommendation proposed to put into the hands of midwives power to usurp the functions of medical practitioners. It was not much for the protection of a Society that it should have a certificate from a doctor. He thought it would bring discredit on the Board to make recommendations concerning matters with which it had nothing to do. At any rate, he wished the public to know that one member of the Board felt strongly that it should not muddle and meddle about. He moved that the recommendation of the Standing Committee as embodied in the above paragraph be omitted.

Mr. Golding Bird said that in the abstract Mr. Parker Young was right; but the concrete case before them was one in which a woman was herself insured for 7s. 6d. on her own account; he thought that the illness of confinement, which could hardly be called illness in the ordinary sense, was one of which they could take cognizance; and that a midwife could give the necessary certificate, to enable a lying-in woman to obtain the sickness and disablement benefit in respect of her confinement, if entitled to it, as well as the maternity benefit.

We consider that the certificate given by the midwife should be limited to the fact that she has delivered the mother of a child on a given date; this would be simply a record of fact, not a question of diagnosis—but on this certificate a Society would certainly be justified in paying disablement benefit to a woman entitled to it on the birth of her child.

Mr. Parker Young's motion was not seconded, and the recommendation was adopted.

Letters were read from the Medical Officer of Health for the County of Durham, asking the Board's ruling on the question of prohibiting a midwife from attending cases of infectious disease at the same time as she is engaged on midwifery work.

It was agreed that the reply be that a woman acting as described would be amenable to the jurisdiction of the Board; and further that the Board notes the point, in view of future revision of the rules.

A letter was read from the County Medical Officer for Hampshire, asking whether a midwife may send a pupil under her instruction to attend a case of confinement, while she herself is absent at another case.

It was agreed that the reply be that in such a case the midwife is answerable.

A letter was read from a certified midwife, complaining of midwifery practice by uncertified women in Carnarvon.

It was agreed that a copy of the correspondence be forwarded to the Privy Council.

APPLICATIONS.

The applications of eight certified midwives were granted, for the removal of their names from the Roll, on the grounds specified.

The application of Dr. James Milne Hermon, for recognition as a teacher, was granted.

The applications of the following certified midwives for approval under Rule C 1 (2) for approval were granted:—Miss Gertrude Jeanie Challis, Staff Midwife to the Lincoln Maternity Charity; Miss Lucy Mabel Glass, County Superintendent of West Riding Nursing Association; Mrs. Mabel Catherine Barfield, District Midwife, Sydenham; and Miss Mary Catherine Hanna, Wigan.

LECTURES AT TRAINING SCHOOLS.

The Committee considered replies as to fees and conditions of lectures from Training Schools in London, which have accepted the Board's suggestion to admit outside pupils to their lectures.

It was further agreed that the Board requests the Clapham Maternity Hospital to furnish a syllabus of the lectures given to the pupils trained for the Board's Examination.

LOAN FROM BANKERS.

The Board decided to borrow £500 from its bankers.

ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

The Ninth Annual Meeting of the above Association was held at the Central Buildings, Westminster, on, March 14th, Princess Christian presiding.

The Annual Report stated that 20 women had entered for training and the standard of general efficiency had been well maintained, so that the Association might be assured that its primary object of promoting the supply of midwives and furthering generally the purposes of the Midwives Act was being steadily carried out.

The work of the East Ham Home increased annually. The total number of applicants for training was 300; of these 272 were unsuitable, and of the remaining 118, 18 were accepted, 43 withdrew, 47 were declined, and 10 were advised to apply for local scholarships or training in general nursing before qualifying in midwifery. The number of confinements which took place in the Home was 1,080. Of these, 243 were monthly cases in which a doctor was in attendance, and 843 midwifery cases. There was a slight decrease in subscriptions and increase in donations. The report stated that it would soon be necessary to raise further funds if the work of the Association was to be carried on properly.

An address on "Midwifery and the Maternity Benefit" was then delivered by Dr. Addison, M.P., and, at its conclusion, Princess Christian asked several questions: Why a woman in a private maternity home had been refused benefit? What was to be done when the husband drew the benefit and spent it on himself? She thought the Act very confusing and difficult.

UP-TO-DATE BABY BATHING.

"The ordinary way of bathing young children," says an American contemporary, quoted in the *Nurses' Journal of the Pacific Coast*, "is in a bath tub. In hospital practice, in a children's ward, this involves disinfecting a tub every time it is used; it may involve the use of water at varying temperature; it is inconvenient, and it takes time.

"In the children's ward of the Presbyterian Hospital, except in cases where bath tubs may be specially required, they have done away with them. Here, in a room of suitable and even temperature, and amply lighted so that the slightest change in their appearance may be readily noted, is installed a bathing equipment with which babies and young children can be bathed under the most favourable possible conditions.

"Set against the wall on one side of this room is a square white enamelled sink, on either side of which, placed at a higher level, convenient for the nurses to work at, is a marble slab, set at a slight incline with its lower end over the sink. The children are bathed on these slabs, which drain into the sink.

"The water used is contained in a tank whose in-take pipes, within it, have such outlets and are so placed as to mix the in-flows from the cold and hot-water pipes, and insure the delivery of water from the tank at a constantly uniform temperature. The water in this tank is kept at 103 degrees; a thermometer projecting from the side of the tank makes it possible at any time to know the water temperature.

"From the tank run flexible rubber tubes, to which are attached ordinary spray tips, which are used with a moderate pressure. The water, as it flows from the sprays, is of a temperature of 100 degrees. Baths at other temperatures may be given, if so ordered.

"The bath slab is covered with a clean bath towel, to make it warm and comfortable for the child; and then all is ready for the bath. The soap used is boiled castile, which is kept in liquid form in bottles. It is used on soft gauze; and then the child is thoroughly sprayed with the sprayer, and then dried with another clean, soft, warm towel.

"The towels used here are after use boiled in a small boiler placed in the room; and there are here a scale and such other appliances as may be needed. A notable fixture in the room is a steam-heated metallic cabinet, in which is kept nice and warm the sweet, fresh, clean apparel to be put on the babies and little children after their bath.

"With this equipment, babies and small children may be washed wholesale, in scientific fashion without fear of infection, and in half tub time; in short, to the greatest possible comfort and advantage of all concerned."

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD
EDITED BY MRS BEDFORD FENWICK

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Vol. L.

EDITORIAL.

OUR SILVER JUBILEE NUMBER.

"It (the BRITISH JOURNAL OF NURSING) rapidly came to be the foremost nursing journal of the world, and is the most complete record in existence of nursing affairs and progress in all countries. Fearless, aggressive, and of a consistent, unwavering policy, it has been the advance guard of nursing interests all along the line."

A History of Nursing, L. L. Dock.

One of the first essentials of a profession is a voice in the press in which its members can discuss matters from an expert point of view, and through which they can inform and influence the public on all matters which are for the benefit of the community generally. To fulfil both these purposes it is essential that a paper should be owned, edited and controlled by members of the profession whose interests it desires to serve, for they alone have the knowledge to deal with the subjects of which it treats, and it is an impertinence and a danger for persons who have never taken the trouble to train as nurses to presume to dictate to professional women.

It is a quarter of a century ago on April 5th since THE BRITISH JOURNAL OF NURSING made its first appearance as the *Nursing Record*, and it has therefore attained its Silver Jubilee. Realizing the supreme importance of the principles which we have expressed above we have for twenty years of this time accepted the responsibilities of the editorial chair, and controlled the destinies of the only weekly paper in the United Kingdom which can claim to represent nursing opinion, as it is the only one which is not run in the interests of newspaper proprietors by lay editors.

The younger generation of nurses will scarcely be able to realize that 25 years ago organization amongst nurses was quite in its infancy. In November, 1887, a little

group of Matrons had met at 20, Upper Wimpole Street, London, and discussed the formation of a British Nurses Association, and the bitterness with which their determination to help nurses to combine in a professional body was assailed in the lay nursing press, was one of the first things to demonstrate to them the importance of a professional organ. We now understand, incomprehensible as the opposition to an association of nurses seemed at the time, that all classes of workers have met with the same in their efforts for organization, and that it originates with their exploiters, whose interest it is to keep the members of any profession unorganized, and therefore impotent, and that in the case of nurses they found the readiest means with which to effect this object was to attempt, through journalistic intimidation, to suppress their justifiable efforts at organization.

This Journal, on the contrary, has kept steadily before it the promotion of the interests of the nursing profession as a whole, allowing no consideration, and no adverse criticism, to influence this policy. It has gained for nurses that liberty of speech in the public press which was hotly denied them; it has from its first number supported the movement for State Registration of Nurses which now has been endorsed by a Select Committee of the House of Commons, and a Bill for which has passed the House of Lords, while all over the world the principle has found acceptance wherever nurses are organised, and in many instances has passed into law.

The suggestions for the formation of the Matrons' Council, the Society for the State Registration of Trained Nurses, the nurses' self-governing Leagues and their affiliation into the National Council of Nurses, and other professional societies, have first been presented, and later brought to a successful issue, through the

medium of this Journal, and it must always be a legitimate source of pride that the proposition for the formation of the International Council of Nurses, which now unites the nurses of the world in a bond of unity, first found expression in its columns, and that the great success of its meetings and congresses have been largely due to the support of THE BRITISH JOURNAL OF NURSING.

And as its work has been constructive, so also it has been vigilant in defending the professional interests of nurses, and has never allowed an occasion on which these were threatened to pass unchallenged, and so has prevented injury which would otherwise have resulted.

We have only to mention the success with which it divulged and combated the scheme of seven city financiers to gain powers from the Board of Trade to control the nursing profession under the specious suggestion of providing for their higher education, and the Bill for the establishment of an Official Directory of Nurses, projected by the Central Hospital Council for London, and introduced into the House of Lords, which gave absolute power to one man to enrol and remove the names of nurses from that Directory, to recall prominent instances of its successful intervention on behalf of the nursing profession.

The estimation in which the Journal is held by our colleagues abroad is to be found in the quotation from "A History of Nursing" standing at the head of this article, and, supported by such testimony to its usefulness, we have no hesitation in asking our readers to assist us to safeguard their own professional interests and the protection of the public, by extending its influence, and we confidently await the unknown future as we turn another page in the history of THE BRITISH JOURNAL OF NURSING which, so long as we continue to edit it will always stand for the interests, honour, and high ethical standard of the nursing profession.

ORDER EARLY.

On April 19th we shall publish the Silver Jubilee Number, and we invite our readers' assistance in making this a notable event. We shall hope for whole-hearted support in spreading THE BRITISH JOURNAL OF NURSING far and wide. Let every reader who appreciates what this Journal has done for the profession throughout the world

make it her duty to bring its work to the notice of her numerous colleagues. A simple way to spread the light will be to fill in the order form for extra copies, to be found on page xii of our advertisement pages, and return to the manager at an early date, so that we may estimate how many thousands of extra journals will be required to meet the demand.

NOTES ON OLD AGE.

In this paper we propose to deal with some of the conditions we meet with in either premature or natural old age.

It is only in the home circle that we have adequate experience of these conditions, or in Homes or Hospitals for the Aged, and very trying indeed are some of the symptoms met with. It is with the hope of helping some to understand these changes, and to sympathise more widely, that these notes are collected.

Some people drift into old age too soon; some people fall into it too late, and again some people fight through it, without resignation, and none of these conditions are desirable. This is often a matter of temperament: a better understanding in middle life might tend to a happier and more placid state of mind. This may be done by suggestion, as well as being the natural outcome of knowledge, and a calm and peaceful evening-tide should be the natural closing chapter to a full and beautiful life.

ARTERIO-SCLEROSIS.

A disease not necessarily due to old age, very often met with, however. In this condition you get widespread thickening and rigidity of the arteries affecting the lesser vessels, causing functional derangement from deficient blood supply, denoted by lack of general nutrition and thereby producing such symptoms as loss of appetite, loss of flesh, shrivelled appearance of skin, sensitiveness to cold, tingling or itching of the skin, pains in calves and soles of feet, pains in muscles, and muscular waste, with a liability to gangrene, also the great possibility of chronic Bright's disease as a primary condition or a complication.

Trouble may also occur from the actual blocking of vessels. When the brain is affected there may be headache, sleeplessness by night and sleepiness by day, mental fatigue, rapid forgetfulness, aphasia, giddiness, with apoplexy or thrombosis. Some asthmatical

symptoms may also arise, and little resistance is usually made to acute conditions, such as pneumonia or influenza.

We have to remember that "arterio-sclerosis" arises gradually. Some of the foregoing symptoms only may be present, some may never occur at all. This disease, though progressive, is not usually fatal: rather, some complication proves so. Here roughly is an outline of one of the most common conditions met with in advancing life: if not cut short it ends in the natural condition of failing body and mind termed "senile decay." We become again as little children, dependent on the ministrations of the following generation. When arterio-sclerosis occurs earlier in life, it is probably due to great nervous strain, a gouty heredity, or a moral abuse of life.

A very quiet life, free from worry and excitement, is of great benefit; if, however, this condition is produced by former nervous strain, this is very difficult to enforce, and the mental changes in the patient are perhaps the most trying symptoms to deal with.

Suspicion.—Here is one that creates great trouble, and often many heartburnings. I once knew an old lady who was always looking out for slights: her life was very narrow, full of village gossip. Whether real or imaginary, her sufferings were very real enough. Then there is restlessness (quite as trying as that of a healthy three years old child). Little can be done here other than to bear with patience the condition until it passes away. Often after a slight thrombosis, or apoplexy, the mind is greatly altered, spiritual touch with "things unseen" may be greatly clouded, unreasoning dislikes and likings may be taken, when neither justice nor mercy is extended, and an uncharitable outlook may take the place of former loving-kindness. Topics of conversation will be sought and tolerated that once would have been impossible. If these symptoms are recognised, little harm need be done. There is a charity in knowledge, and although pain may be caused, it is "charity" that covers all things. If, however, this state of mind is unrecognised, great and cruel injustice may be done.

I have known the lives of young men spoiled by the bitter and cynical outlook of an elder: old friends may be alienated and closer ties be broken; the beautiful, pure, unsullied outlook of a girl's mind may be shocked and altered, while pain and misunderstandings are bound to arise, and the loyalty to an elder (which is almost a creed) may be falsely jeopardised or strained almost to breaking point. Then

occurs injustice to friends and unnecessary suffering, and all this through crass ignorance, blindly pathetic. Let us recognise this condition as one of the saddest aspects of old age. Does not Shelley speak of the time "when the spirit's self has ceased to burn"? The change comes very slowly, to some never to the full extent to which I have alluded. "Childishness" supervenes first, or some kindly blessed forgetfulness, or the sleep of death.

CHRONIC BRIGHT'S DISEASE.

Where this is allied to arterio-sclerosis, or where found by itself, climate is of great importance: it should be mild and equable, freedom from cold or sudden changes of temperature being more beneficial for the health of the patient. Diet again must be more strictly restricted. Anæmia may need iron tonics, or warm packs and baths may be ordered to help the activity of the skin, while for dropsical symptoms purgatives and diaphoretics are usually ordered. There is a special odour from the Bright's disease patient, irrespective of great cleanliness, that is, to the initiated, diagnostic.

In the later stages of Bright's disease great care of the skin will be needed, and if the patient is confined to bed a water pillow will be required. In chronic Bright's disease we get degenerative changes in the kidneys, and albuminuria is always present.

THROMBOSIS.

When there is thrombosis as a complication of arterio-sclerosis, the onset is gradual. Blood will clot in the interior of a blood vessel, causing a blockage, with symptoms varying according to the position of the vessel affected: the optic or some other nerves may be affected. Apoplexy may arise from more than one cause, but hæmorrhage by rupture of a vessel is the most common, and this may cause symptoms varying in extent, while paralysis of one or more limbs may occur. There may be total unconsciousness, with stertorous breathing, which ends in coma and death, or partial physical and slight mental recovery, with a repetition of the condition which, after the third attack, may be fatal. This usually occurs within two years of the primary seizure.

M. SUTTON.

Dr. H. Gordon Mackenzie, in a course of lectures to the Nurses' Missionary League, dwelt upon the tendencies of modern thought, showing that we live in a very critical age, and everything in the field of thought and conduct is called in question.

OUR PRIZE COMPETITION.

GIVE THE GENERAL RULES FOR THE DISINFECTATION OF EACH OF THE FOLLOWING IN CASE OF INFECTIOUS DISEASES:—*a*) DISCHARGES AND EXCRETA. *b*) LINEN. *c*) UTENSILS. *d*) THE NURSE'S HANDS.

We have pleasure in awarding the prize this week to Miss Henrietta Douglas, Royal Southern Hospital, Liverpool, for her paper on the above subject.

PRIZE PAPER.

(a. Discharges and Excreta.—In all infectious diseases where the source of infection lies in discharges, whatever is used to wipe them away must always be burnt. Cotton wool swabs for cleansing the mouth, wool or pieces of soft rag for the nose and ears. Handkerchiefs should never be used in diseases like scarlet fever, measles and diphtheria. Place a disinfectant in all expectoration cups before use. After use, add more disinfectant, and allow the sputum to stand for one hour. In some diseases, during the process of desquamation, particles of skin separate from the body, and may, like fine dust, convey infection. To avoid this, warm baths or daily rubbings from head to foot with carbolic acid dissolved in olive oil may be given. In dealing with excreta quite the safest way is to burn them. If possible, a pit may be dug in the earth, partly filled with chloride of lime, and the excreta buried in this. Earth closets should not be used for infectious excreta. The usual method for disinfecting stools is to pour a small quantity of carbolic acid (1-20) or 1-1000 perchloride of mercury into the bed-pan, plug the handle firmly with a rubber cork or carbolised tow. After use, cover with a cloth moistened with carbolic acid (1-20), remove from the room at once, and add sufficient disinfectant to completely cover the stool, and allow it to stand for one hour, when all microbes which abound in stools will be destroyed. Flush the drains well with disinfectant before and after emptying any excreta. Urine, which is often very infectious, should be mixed with an equal quantity of carbolic acid (1-20), and allowed to stand for one hour.

(b. Linen.—All soiled linen should be removed from the room immediately and placed in disinfecting solution. For this purpose carbolic acid (1-20) is the best; perchloride of mercury produces a stain. A bath is very convenient for large articles, such as sheets. Into this place all soiled linen covered with water containing carbolic acid (1-20), and allow it to stand for twelve hours; then stir well with a

stout stick, removing as much excretal matter as possible, place in water containing disinfectant, and wash with strong carbolic soap. Boil for one hour (at home if possible, if not, place the linen in boiling water for twenty minutes). Tie up in a clean sheet, and if there is a steam disinfecting station near, let the linen pass through that before going to any public laundry.

(c. Utensils.—All utensils used by the patient must be kept absolutely separate, and plainly marked, so that no mistake will arise, and contagion be conveyed in this manner. Knives, forks, spoons, and crockery should be thoroughly well boiled when finished with. Lavatory utensils should be completely immersed in carbolic acid (1-20) for twelve hours, then thoroughly cleansed externally and internally with strong carbolic soap and water. Chloride of lime and creolin are also good disinfectants for these articles. Then they should be well boiled in an ordinary washing boiler for one hour.

(d. Nurse's Hands.—It is of the utmost importance for a nurse to realise that she must take every possible precaution in disinfecting, for the slightest carelessness on her part may result in not only herself, but others, contracting any infectious disease with which she may be in contact. Consequently her finger nails (often a source of infection) must be kept quite short and absolutely clean. After touching the patient, bed, linen, utensils, &c., the hands must be immersed in perchloride of mercury (1-1000) for some minutes, then well scrubbed with a nail-brush in strong carbolic soap and water. A basin containing perchloride of mercury (1-1000) should be kept ready for use for this purpose. Her hands must be dried on her own towel, not the patient's. The hands must always be well disinfected and scrubbed clean before a meal.

HONOURABLE MENTION.

Some of the papers sent in this week are admirable. The following competitors receive honourable mention:—Miss J. Gilchrist, Miss M. Eaves, Miss H. Scott, Miss A. Pressly, Miss M. Spencer, Miss G. Blundell, Miss M. O'Brien, Miss S. Shields, and Mrs. F. Dickson.

Miss H. Scott writes:—If any sputum is coughed up, either a little disinfectant must be put in the cup, or a good plan is to line it with paper, which can be taken out and burned, and the cup boiled two or three times a day. Any dressing changed must be burned.

Miss Gilchrist points out that infectious diseases are due to the agency of minute organisms termed bacteria, which are capable of convey-

ing the disease from person to person. Those germs find an entrance into the body by the respiratory passages, through wounds in the skin, or are contained in articles of food and drink. Disinfection aims at the destruction of these organisms, and the nurse in charge has a threefold responsibility. In the prevention of re-infection of the patient, such as in carrying discharge from one organ to another, *i.e.*, the nose and the eyes, the prevention of transmitting the diseases to herself by direct contact, and the prevention of conveying the disease to the public by waste material or carelessness in disinfecting anything which has been used for the patient.

Miss Spencer writes:—*Never* place any discharges, &c., on a smouldering fire. If this should be done, the germs would be carried away by the smoke, and thereby the infection spread.

Mrs. F. Dickson writes:—The *method* of disinfecting excreta is important.

The bed-pan should have both a lid and a cover, to be used in carrying to and from the patient's bedside.

Disinfectant should be placed in the bed-pan before and after use, so that the whole of the excreta may come in contact with the disinfectant. The two must be thoroughly *mixed*.

Then with regard to the *quantity* of disinfectant used. It must be borne in mind that should carbolic 1 in 20 be used with an *equal* quantity of excreta, the strength of the mixture would only be 1 in 40, and this is not sufficiently strong to destroy all germs immediately. The mixture should be allowed to stand covered for about twenty minutes before being emptied down the lavatory, or the amount of carbolic solution should not equal, but double, the amount of excreta it has to disinfect.

The lavatory must be flushed with disinfectant before and after the bed-pan is emptied.

With regard to the respective merits of carbolic acid and perchloride of mercury, the former is a more satisfactory agent to use for disinfecting excreta. In writing of perchloride of mercury, Miss Dock states:—"It is not an efficient disinfectant in the case of stools or bloody or purulent discharges, as it hardens albumen, thus forming a protective shell within which germs contain perfectly their vitality."

QUESTION FOR NEXT WEEK.

Name the excreting glands of the body, and the products of each.

Competitors are asked to obey the rule that papers are to be addressed to 20, Upper Wimpole Street, not 431, Oxford Street, W.

TRAINING SCHOOL METHODS AND ORGANISATION UNDER RELIGIOUS ORDERS.*

BY THE SISTERS OF MERCY, CHICAGO, ILL.

Let us glance backward at the state of Society before the coming of the Redeemer. Idolatry and superstition, tyranny and oppression, reigned everywhere. Vices were worshipped. The sweet consoling words of the Nazarene swept away these abominations and substituted a reign of truth, justice, and mercy. What was the condition of the poor and unfortunate? They were treated with neglect and contempt as objects of malediction of the gods. Even among the most civilised pagans there was no attempt at any asylum or refuge for the destitute and suffering.

The world was shrouded in pagan darkness, until He came who called Himself the Way, the Truth and the Life. He commanded His disciples to go forth and teach all nations the saving doctrine which He had taught them. They obeyed the command: they went forth and planted the seeds of Christianity with heroic courage, which often forced them to water the seed with their life blood. As this seed of Christian charity sprang up, simultaneously sprang up charitable institutions: hospitals and asylums for the sick, the destitute, the aged, and the orphan.

In order to perpetuate these good works, societies and religious communities of men and women were organised. From the earliest days of Christianity, monasteries and convents were soon filled with men and women. Often young girls devoted their lives to these good works. The founders of these institutions, knowing the necessity of a firmly organised body, with the permission of the head of the Christian Church, bound themselves by vow to observe the three Evangelical counsels, to which they added a fourth vow, namely, the service of the poor, sick, and ignorant. These communities may be traced back to the first century of Christianity.

Taking this view of the antiquity of religious orders, we can readily see how these people cling to their early teachings and feel that if they took in seculars to do the work which they had vowed to do, they would not be living up to the promise which they had made to God, to serve the poor, the sick, and ignorant. (The Sisters of Mercy make this fourth vow.) The

* Written for the International Congress of Nurses at Cologne, July 1912.

religious orders which have been more recently founded, especially in Ireland and America, more readily adopt modern methods of nursing. The science of bacteriology has revolutionised surgery, and made possible things which forty or thirty years ago were considered impossible. We know that since germs have been proven to be the cause of disease, scientists on both Continents have been, and still are, working to discover the best means of overcoming the pernicious effects of these pathogenic germs.

In 1861, when the Sisters of Mercy at Dublin, Ireland, were about to open their first hospital, the "Mater Misericordiae," which is, or was at that time, the largest in the British Isles, and was called the "Palace of the Poor," several Sisters of Mercy were sent to Kaiserswerth to learn the methods of nursing then taught there. Irish Sisters of Mercy were with Florence Nightingale during the Crimean War. Miss Nightingale wrote that the Sisters were her right hand, that they kept good order and preserved discipline wherever they were. Since 1861 almost all workhouse hospitals in Ireland have been handed over to the Sisters of Mercy. The Government provides all necessaries and pays the Sisters a salary, also furnishes private apartments for the Sisters, and allows them a Chaplain.

The Sisters of Mercy Hospital of Chicago, Illinois, U.S.A., have studied the best theoretical works recommended by physicians and others familiar with the modern methods of nursing. We were anxious to acquire the best means of applying the theory to the practical work of the latest improved methods of caring for the sick, and also of conducting a Training School for Nurses. In order to secure the best, we were advised to procure a thoroughly trained woman to take charge of the Training School. We were fortunate in getting a woman who started the School on the right basis and laid the solid foundation on which the Sisters have continued to build. The Sisters have taken up every new idea, and continued to advance step by step, as theory and science led the way.

The Sisters specialise or take up one kind of work. Some have the operating room work. They have charge of the nurses employed in the operating rooms, and teach them all things pertaining to surgical service. Other Sisters give X-Ray treatments, make and mount skiagraphs; a Sister has charge of the surgical supply department, where nurses are taught to buy all surgical supplies, and also to prepare dressings for the different operations: anaesthetics and everything needed for surgery

are dispensed from this room. The pharmacy is in charge of a registered pharmacist. She is the first woman who took the State Board examination in the State of Illinois. All the medicines for the Hospital are prepared by her and a Sister assistant. Another Sister has charge of the department of hydro-therapeutics and electro-therapeutics. We also have three Sister Anaesthetists. The first one who specialised in this work has given 15,000 anaesthetics in twelve years, and has never lost a patient from the effects of an anaesthetic. The Pathological Laboratory is also under the care of a Sister. Internes make examinations of the various pathological specimens. All is under the supervision of Professor Robert F. Zeit, of the North-Western University, Chicago.

The Obstetrical department is also in charge of a Sister. There are two dressing-rooms, septic and aseptic, each in charge of a Sister, one Interne and a Nurse, where about one hundred patients are dressed daily.

The Superintendent of the Training School is a graduate of our own School, who, after having taken the training, became a member of the community. The Assistant Superintendent is also a graduate of Mercy Hospital Training School. The pupil nurses average one hundred. Our Training School is affiliated to the North-Western University. Nurses receive their diplomas with the other students of the North-Western University. It is the first Training School in the United States to be affiliated to a University.

There are forty Sisters engaged in hospital work, twenty of whom are registered according to the laws of the State of Illinois for Registration of Nurses. We have graduated twenty-two classes, 350 nurses.

The nurse who is trained in the knowledge of sterilization and disinfection is able to give the surgeon most efficient aid, and the patient more comfort and assurance of speedy restoration to health. Those religious orders which have been founded during the nineteenth century have taken kindly to modern methods of nursing. The older religious orders, which have not adopted the Training School for Nurses, have not neglected to study the new methods and adopt new ideas in things pertaining to asepsis in surgery, and nursing medical patients.

These religious organisations know that to preserve order and secure best results, there must be one head, whom all obey; as on board a ship, if every man could steer the vessel, confusion soon would cause shipwreck. To lead an army to victory, soldiers and officers

must obey one commander. On their obedience depends success or defeat. Their obedience springs not from ignorance, but from a thorough course of instruction, and an intellectual conviction that unity of action is the sure road to success. This military obedience is carried out also in our Training School work, not what some call "blind obedience," but eyes, head, and hands trained to work in unison with a kind and sympathetic heart.

As a proof that Sisters all through the United States are making progress in modern methods of nursing, we may state that Sisters of Mercy and members of many other Sisterhoods come to the Mercy Hospital, Chicago, to learn our methods of hospital management, and also how we conduct our Training School. To all who come we freely extend a friendly, helping hand, and invite them to light their lamps from our torch, which only burns the brighter by shedding abroad its enlightening rays.

Let us, dear Sisters of the Nursing profession, rejoice in this: That He has promised the Kingdom of Heaven to those who labour in His vineyard, for has He not said: "Whosoever you did to the least of My Brethren you did it unto Me; therefore enter into the joy of your Lord."

THE IRISH NURSES' ASSOCIATION.

The annual meeting of the Irish Nurses' Association was held in Dublin on March 17th. There was a large and representative attendance.

Miss Shuter, the President, was in the chair, and presented the annual report.

The voting for office bearers for 1913 then took place, and the following were elected:—Vice-President, Miss Butler; Hon. Secretary, Miss Reeves; Finance Committee, Miss Ramsden, Mrs. Manning, Miss Holden.

A cordial vote of thanks to Miss Shuter, the outgoing President, for the admirably just and able manner in which she had conducted affairs during her year of office, was proposed by Miss Carson-Rae, seconded by Sister Carre, and carried by acclamation. Miss Shuter made a suitable reply, thanking the members and officers for their hearty co-operation, and then vacated the chair, which was taken by Miss Huxley, President for 1913.

Owing to the 17th March falling this year in Holy Week, the usual social part of the meeting had to be postponed.

THE NURSES' REGISTRATION BILL.

The "bill to regulate the qualifications of trained nurses and to provide for their registration" was presented by the Right Honourable R. C. Munro-Ferguson and read a first time on March 18th. It is influentially backed by Members on all sides of the House.

Liberal.—Dr. Addison, Mr. Annan Bryce, Mr. J. Duncan Millar, Mr. Percy Alden.

Unionist.—Viscount Wolmer, Sir George Younger, the Right Honourable Charles Scott Dickson, K.C., Mr. J. F. Remnant, and Mr. P. Kerr-Smiley (Irish).

Labour.—Mr. J. Ramsay Macdonald.

Nationalist.—Mr. W. Field.

The Bill is promoted by the Central Committee for the State Registration of Nurses, and has the support of the eight important Societies affiliated together in that committee, with Lord Amptill as chairman, representing over 30,000 medical practitioners and trained nurses.

UNBLUSHING PLAGIARISM.

As we go to press we have received from an anonymous source an announcement of the subjects to be discussed at a Nursing and Midwifery Conference to be held in London, in April, simultaneously with the exhibition at the Royal Horticultural Hall. We are informed by Mr. Ernest Schofield, secretary of the Exhibition, that its organisation is quite distinct.

Imitation may be the sincerest form of flattery, yet the unblushing plagiarism which characterises the programme which we have received, on which appears nearly every subject to be considered at the Conference of the National Council of Nurses in Dublin, in June, is surely an unethical proceeding which cannot commend itself to some of the Matrons who have given their names to the committee.

The only subject already selected by the National Council which has been omitted is very significant, namely, the State Registration of Nurses. On the other hand, it is even more significant that a scheme for the registration of hospital certificates will be put forward, no doubt an attempt to resuscitate the principle of the Official Directory of Nurses Bill, which deprived trained nurses of all power of self-government, and which was rejected by the House of Lords in 1908.

The resuscitation of this dangerous scheme should sound a note of warning throughout the nursing profession, and must be most carefully watched by it.

Trained nurses must be alive to the dangers of schemes put forward by the lay managers of the anti-registration press, who are really promoting the Conference.

INTERNATIONAL NEWS.

At the Triennial Meeting of the Central Council of the New Zealand Trained Nurses' Association, held at Dunedin, the President, Miss Maclean, gave an admirable address, in which she said:—

"I think the most important event which has happened to the Association during this three years has been the affiliation of our Association with the International Council of Nurses. I am very delighted that this has been accomplished during my term of office. No doubt you all know that I have urged the desirability of this ever since the Association was formed. The great privilege of being one with the nurses of the world is, I think, a tremendous and inspiring one. This Union of Nurses from all quarters of the globe, which is not for personal advantage, but which is inspired by the highest ideals for the betterment of the human race, and by the desire and, indeed, necessity, of nurses taking part in the many plans for that end, must surely be a great factor in the future. Surely the more the spirit of internationalism spreads the more the peace and prosperity of the world will increase. If the members of our profession may have a hand in any movement which leads to so great results, how proud we may be.

"And, again, how we the nurses of this little country should prize the privilege of joining with those women which have done, and are doing, so much to elevate the whole of the profession of nursing."

Miss Maclean rendered a generous meed of praise to the women who together laid the foundations of the International Council—which has encircled the world in so short a time—and spoke of the splendid service to nurses of Miss Dock and Miss Nutting in giving them "A History of Nursing"—"which embodies the history of New Zealand nursing . . . and which she hoped all the members had read."

The two New Zealand delegates to Cologne, Miss Sutherland and Mrs. Holgate, are now home again, and both full of enthusiasm for Internationalism. The latter met the nurses at the Wellington Nurses' Club, and gave them a most interesting account of her experiences at the Cologne Congress.

Copies of the English translation of Dr. Hecker's pamphlet on "The Overstrain of Nurses" may now be obtained through the Secretaries of the affiliated National Councils, or direct from the Treasurer, International Council of Nurses, 431, Oxford Street, London, W., price 2d., post free, 3d. We hope many nurses and members of the public will secure copies.

PROGRESS OF NURSING EDUCATION IN GERMANY.

Recently the first Board Meeting of the Leipzig Frauen-Hoch-Schule took place, to arrange the plan of study, and provision for examinations. The Board of Curators had elected the following people to serve on the Commission:—Dr. Prüfer (educationalist), the business manager of the school; Professor Biermann (political economist), and Professor Waltercek (biologist), also Sister Agnes Karll and Head Physician Dr. Poelchin-Zeit, as well as one of the student Sisters. It has, however, been deemed advisable to give wider representation, consequently Sister Helen Sperl, representing the Professional Organisation, Sister Dorette Thies, the Deaconesses' Association, and Sister Martha Brandberg, of Sweden, representing foreigners, have been elected, also Professor Böttger, chemist. As the circle was not completed, owing to illness, and resolutions of the Commission must be unanimous, nothing final can yet be reported. The preparations for the plan of study are, however, so well advanced, that it will probably soon be officially known.

Unterm Lazuruskreuz says:—

It is with pleasure we give the following information:—The Hoch-Schule is to be a laboratory for Natural Science, so that the study of Bacteriology, the Microscope, the Chemistry of the Kitchen, &c., will be assured to us in the future.

Nothing is wanting to prove that the deepest interest has been shown in our requirements and circumstances, and that no trouble has been spared to make the enterprise a success.

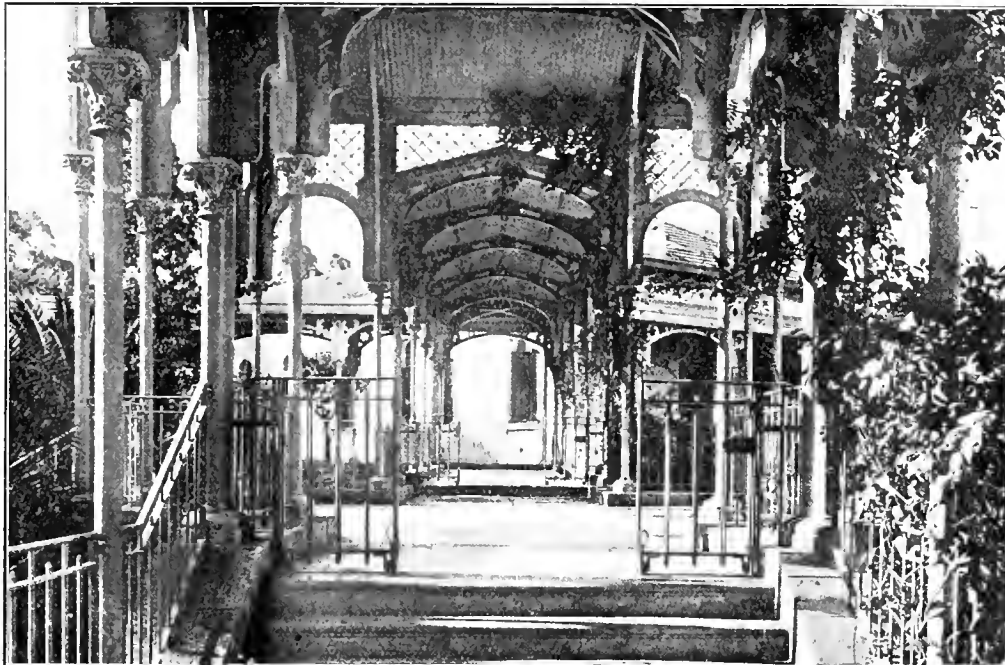
The fact that the Director of a Hospital and School for Nurses is represented on the Commission, is in itself a matter for thankfulness. The lack of uniformity in the educational standards for nurses will be the chief difficulty in the way of enlarging the plan of study to the extent desirable, and as it will be in the future, when we have a three years' universal course on a broad educational basis, as is the case in America, at present we must content ourselves with what is within our reach, and not press too much into our two short years.

We warmly congratulate our German sisters on the educational progress they are making. We learn that Dr. Hecker's wonderful thesis on the "Overstrain of Nurses," read at Cologne, has aroused widespread interest throughout Germany, and that the question has been discussed in Parliament.

A SPLENDID TRIBUTE.

The Government, the town of Bordeaux, and the administrative committee of the Bordeaux hospitals, rendered a splendid tribute of regard to Miss Elston before she left the Tondu Hospital, to take up fresh work as Directrice of the Parnet Hospital, Algiers. We learn, from *La Garde-Malade Hospitalière*, that M. Duréault, Prefect of the Gironde, and M. Ch. Gruet, Mayor of Bordeaux expressed, in terms marked by frank cordiality, their admiration and their gratitude, for this brave pioneer of the Florence Nightingale system

of the city (M. Charles Gruet), surrounded by the members of the Committee of Hospitals, before the Prefect of the Gironde, who had honoured them by assisting at the ceremony, before the doctors, and before representatives of the nursing staff, presented a gold medal—that is to say, the highest honour of the town of Bordeaux—to their distinguished Directrice Mlle. Catherine Elston, who had, with the authority and competence which they knew so well, directed the nursing school of the Tondu Hospital from its foundation. Now it was the turn of the administration and the doctors to offer to her, who—her task accomplished—was



INTERIOR GALLERY, WOMEN'S SIDE: PARNET HOSPITAL, ALGIERS.

in France. They awarded to Miss Elston the gold medal of the town of Bordeaux—a precious souvenir, which will always remind her of the town where she realised her dream as a young girl in Paris, when, having had a glimpse of a hospital in the capital, she determined to do something for French nursing.

After the official ceremony of the reception of the medal, nurses of all grades, former certificated pupils of the school holding posts in Bordeaux, employés, patients, convalescents and friends, assembled to wish their Directrice adieu. M. Ch. Cazalet (Administrator of Hospitals) presided; and seated near him were Miss Elston, Professor Bégouin, and Mlle. Gallienne, the new Directrice.

M. Cazalet, addressing the nurses, said that it was only a few hours before that the chief magistrate

leaving them, the testimony of their esteem and regard, and, he thought Miss Elston would permit him to add, their most respectful sympathy and affection.

After bearing high testimony to Miss Elston's work, M. Gruet said it would be unpardonable, in a ceremony of this kind, if he did not also salute the noble woman whose apostleship at the *Maison de Santé Protestante* had inspired the foundation of the Tondu Nursing School (the first in France), the renown and fame of which with Dr. Lande and Miss Elston she had spread far and wide—Mlle. Dr. Hamilton.

After expressing his good wishes to Mlle. Gallienne, M. Gruet presented to Miss Elston a magnificent sheaf of roses and lilies, tied with a knot of rose-coloured ribbon, inscribed with letters

of gold—in the name of the administration of the hospital, and the medical staff, men who were the honour and glory of Bordeaux, with their regrets, their gratitude, and their admiration.

Then it was the turn of Professor Bégouin, who, in a charming speech which went straight to the hearts of the nurses, gave Miss Elston a satisfying reward for her nine years of effort; for this eminent surgeon, whose reputation for integrity, justice and keen professional conscience stands high, said: "Everything is in perfect order, and where formerly I attended to encounter resistance I now find good-will, competence and enthusiasm."

Miss Elston warmly thanked the Administrator and Professor Bégouin for their kind words; and then spoke to her pupils, old and new, giving them excellent advice, and thanking them for the affection which they had shown her.

NURSING ORGANIZATION IN AUSTRALASIA.

The February issue of the *Australasian Nurses' Journal*, which is just to hand, is largely devoted to a verbatim report of the Conference held recently in Sydney between delegates from the Royal Victoria Trained Nurses' Association and the Australasian Trained Nurses' Association and its branches, with the view of bringing into line the differences which at present exist in the rules and regulations governing the training of nurses and their training schools. No finality was arrived at, but it is hoped that eventually the two Associations will have one set of rules governing the training of nurses throughout Australasia.

A PRACTICAL MEMORIAL.

Miss Gretta Lyons, of Melbourne, has been the moving spirit in organising a memorial to Sister Madge Kelly, of the Alfred Hospital, who was much beloved, and the money collected for this purpose has been given in trust to the Royal Victoria Trained Nurses' Association. It was decided in the first place to erect a tablet in the Hospital, and then to establish some lasting memorial to her wonderful personality and her devotion to her life's work. The representative committee formed to deal with the matter decided upon: 1) A memorial tablet; and 2) a Sister Madge Kelly Memorial Prize.

Dr. Charles J. Ryan, when unveiling the tablet, described Sister Madge as a woman who had a marvellous knowledge of surgery, a rare amount of the highest kind of courage, and a magnetic personality. Many patients owed their lives to her skilful nursing and devoted attention. When she was sister in charge, night after night she would sit by the patient's bedside if the case were critical, wrestling skilfully and successfully with death.

The prize is to be awarded annually, and a Committee has been appointed to arrange the details as to examinations and the qualifications of candidates.

PRACTICAL POINTS.

Cockroaches and Cancer.

Writing in the *Berliner Klinische Wochenschrift*, Professor Johannes Fibiger, Director of the Pathological

Institute of Copenhagen, announces the result of a remarkable series of experiments by which, he contends, he has demonstrated that cancerous tumours are produced naturally in rats by a species of worm which lays its eggs in cockroaches. The rats eat the cockroaches and the eggs develop in the rodents' stomachs and produce cancer. By his experiments, Professor Fibiger declares, he has shown that genuine cancer is developed in rats in this way.

The Eyes.

You are left or right eyed, according to a Polish surgeon, unless you are one person out of every fifteen, who has eyes of equal strength. You also belong to the small minority of one out of every ten persons if your left eye is stronger than your right. As a rule, just as people are right-handed they are right-eyed. This is probably due to the generally greater use of the organs of the right side of the body, as, for example, a sportsman using his right arm and shoulder uses his right eye to sight his gun, thereby strengthening it with exercise. Old sea captains, after a long use of the telescope, find their right eye much stronger than the left one. This law is confirmed by the experience of aurists. If a person who has ears of equal hearing has cause to use one ear more than the other for a long period, the ear brought into requisition is found to be much strengthened, and the ear which is not used loses in a corresponding degree.

New Treatment for Burns.

Many practical hints are to be found in the *Alumnae Journals* of the American Nurses. Miss Edith King, of the Mt. Sinai Hospital, New York, gives the following information on new treatment for burns in *Alumnae News*—

"You will doubtless be interested in the new method being used in the hospital in Ward 'N,' in treating extensive burns. Two children are there recovering from very severe burns, and the result of the treatment is wonderful.

"First and most important, the patient must have a special nurse, as there is no restraint used. The child is nude at all times and, being restless, needs very careful watching. The crib or bed is enclosed on all sides and over the top, except for about two inches of space, about one-third of the distance from the head of the bed, which is left open for ventilation and a post of observation for the nurse. The old-fashioned alcohol lamp or stove used in giving hot-air baths in the wards is at the foot of the bed, with the pipe and other attachments, and is kept burning night and day at an even temperature, and the patient has a

continuous hot-air bath and no other treatment of any kind is used in connection with it. The only medication given is a diuretic.

"One patient, who has recovered from very severe burns, some of which were on the face, has been so successfully treated that there will be no scars whatever."

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APPOINTMENTS.

LADY SUPERINTENDENT.

Tientsin Hospital, North China.—Miss Ida Mary du Sautoy has been appointed Lady Superintendent. She was trained and certificated at Guy's Hospital; and for the last two years has done private nursing in London. She is a certified midwife.

MATRON.

John Copeland Hospital, Gainsborough.—Miss L. Gee has been appointed Matron. She was trained at the City of London Infirmary, and has held the positions of Night Sister at the Royal Infirmary, Oldham; Sister of male wards and Theatre Sister at the General Infirmary, Wrexham; Sister, Home Sister, Theatre Sister and Assistant Matron at the General Infirmary, Bury; Matron at the Ebbw Vale Accident Hospital, Monmouth; and Matron of the Rettord Hospital.

The Sanatorium, Little Heath, Belvedere, Kent.—Mrs. Florence Bellinger has been appointed Matron. She was trained at St. George's Infirmary, London, S.W., and has been Matron of the Hinckley Isolation Hospital, Leicester, and of the Barnes Isolation Hospital, London, S.W.

Cottage Hospital, Erith.—Miss H. M. Shrimpton has been appointed Matron. She was trained at the Royal Berkshire Hospital, Reading; and spent a fourth year at the Royal Infirmary, Edinburgh.

County Infirmary, Sligo.—Miss Gordon of the Fever Hospital, Sligo, has been appointed Matron.

SISTER.

Norfolk and Norwich Hospital, Norwich.—Miss Isobel Davis has been appointed Sister. She was trained at University College Hospital and the Belgrave Hospital for Children, London, and has held the position of Night Superintendent at the Royal Waterloo Hospital, London.

Baguley Sanatorium for Pulmonary Tuberculosis, Timperley, Cheshire.—Miss Lily Hanson has been appointed Sister of Female Blocks. She was trained at the Beckett Street Infirmary, Leeds, and the City of London Lying-in Hospital, and has held the position of Staff Nurse at King Edward VII Sanatorium, Midhurst, and of Sister at the South Manchester Hospitals, West Didsbury.

Miss Fanny E. Borrow has also been appointed Sister of Male Blocks. She was trained at the Poplar and Stepney Sick Asylum, and has been Night Superintendent at the Mount Vernon Hospital for Diseases of the Chest, Ward Sister at the West Ham Infirmary, and Senior and Head

Nurse-in-Charge at the Queen Alexandra Sanatorium, Davoz Platz.

Royal Hospital for Sick Children, Edinburgh.—Miss G. Douglas, trained for four years at the Royal Infirmary, Preston, has been appointed Sister of the Surgical Ward. She has done private nursing in connection with the Oldham Nursing Association for one year and has been Sister at the Stockton-on-Tees Hospital, and at the General Hospital, Wolverhampton.

Miss M. Neal has been appointed Holiday Sister. She was trained at Rotherham Hospital, where she was subsequently Theatre and Male Surgical Sister.

STAFF NURSE.

Royal Hospital for Sick Children, Edinburgh.—Miss Blanche Ibbotson has been appointed Staff Nurse. She was trained at the Rotherham Hospital.

QUEEN ALEXANDRA'S ROYAL NAVAL NURSING SERVICE.

Miss Nora Colgan has been appointed a Sister in Queen Alexandra's Royal Naval Nursing Service (on probation).

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received provisional appointments as Staff Nurse:—Miss E. L. Hall, Miss A. M. E. C. Charles, Mr. M. R. Casswell.

MILITARY FAMILIES' HOSPITALS.

The following appointment has been made:—Miss E. L. Brown, to Curragh.

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THE PASSING BELL.

It is with sorrow that we record the death at Bexhill-on-Sea of Miss Margaret Minks. She was trained as a Lady Pupil at the Middlesex Hospital, W., and afterwards was Matron of the Children's Hospital, Nottingham, and the Victoria Hospital, Chelsea. Miss Minks was one of those pioneers who did much to uphold the dignity and honour of nursing in the early days, and it was a liberal education to work under her just and wise rule. She was an excellent disciplinarian, and there are many who owe much to her, who valued her not only as a Matron, but as a friend. Although we cannot regret the release of her active and indomitable spirit from her tired body, yet we mourn the loss of one so courageous and true. The funeral took place at St. Barnabas, Bexhill, on Saturday last.

The little band of nurses who were with Miss Nightingale in the Crimea is steadily diminishing, and the death of Miss Emma Fagg in the Isle of Thanet Workhouse, on March 19th, at the age of 86 leaves only two now alive. Miss Fagg was on the staff of St. John's House when she went out to the Crimea. When it became known some years ago that she was in the workhouse an attempt was made to make other provision for her, but by her own desire she remained there and has been provided with simple luxuries through the kindness of a few ladies.

NURSING ECHOES.

As we announce in our editorial article, our issue on April 19th will be our Special Silver Jubilee Number, in commemoration of the twenty-five years in which this journal has served the nursing profession. We ask all our readers to help to make this commemoration a great success by ordering beforehand extra copies of this issue from the Manager, BRITISH JOURNAL OF NURSING, 431, Oxford Street, London, W., and sending them, on publication, to some of their friends and acquaintances, asking them to become subscribers in the future. It is important that orders for these extra journals should be placed as soon as possible, so that arrangements may be made for the extra issue.

A correspondent holding an influential position in the nursing world writes:—"How I wish State registration would come. Those of us who are 'out in the world' and move about a good deal see more and more what awful people, and untrained ones, wear our uniform and call themselves trained. What is more, they are recommended by doctors and take the same fees as 'the genuine article.' Nurses are not allowed to work with quack doctors, why should doctors work with and recommend quack nurses?"

The truth is that until there is a minimum standard of education defined for nurses, and a register of those who have attained it, it is most difficult for doctors to know who are and who are not fully qualified. Those who are accustomed to investigate the qualifications and references of nurses know how long this takes to do efficiently, and busy doctors cannot possibly spare the time.

The difficulty of obtaining suitable candidates as probationers, and their depreciation in quality, was illustrated by the report of Miss du Sautoy, Superintendent, presented at the annual meeting of the Somerset Nursing Association, recently held at Taunton. Alluding to the dearth of suitable applicants for training as village nurses, Miss du Sautoy attributed it to the fact that hospitals and infirmaries, in order to keep up their staffs, have now to admit for training the class of women who formerly, for various reasons, were not eligible, and who, wishing to become nurses, applied to county nursing associations to be trained as village nurses.

At the same meeting, the Countess of Selborne, for whose opinions as a rule we have a sincere respect, alluding to the shortage of nurses, attributed it in part to an inclination of the Midwives' Board to put the examination rather high. The Midwives' Board have nothing to do with defining standards for nurses, but of course it is well known that the nursing of many rural villages is done by midwives with a smattering of elementary nursing knowledge. It is a pity that patronesses of nursing associations should attempt to define nursing standards of which they are not competent to judge, and are satisfied to supply to the poor, women whose professional knowledge would not satisfy them if ill themselves. The Central Midwives' Board state that their standard for midwives is the lowest compatible with the safety of the patients, and this we heartily endorse. When the standard for midwives is adopted for that of nurses of the sick, we have no hesitation in saying it is incompatible with the safety of the patient.

The *National Weekly* has followed up its article on "Hospital Slaves" by another on "The Sweated Nurse" in its issue of March 22nd. They are evidently written by one who has observed the work of the hospital nurse from the inside. Referring to the large amount of ward work done by nurses, the writer considers it may be "a fine form of physical exercise, but one can have too much of a good thing, and this is far too much for girls who cannot sit down with their hands in their laps, like domestic servants in the afternoon, but who have still in front of them several hours of toil, not made easier, at the bedside of suffering patients, because all this scrubbing and polishing has caused cuts and bruises to knuckles and fingers, and rubbed off the fine delicacy of a woman's touch, and made her ready to 'drop with fatigue.'"

Mrs. Radford Pym, Sheringham, has handed over to trustees a delightful cottage for the use of the parish nurse, explaining, at the ceremony at which the gift was made, that after recovery from a severe illness, and recuperation at Sheringham, she made a vow to present the town with a tangible thank-offering. To emphasise that the gift is not connected with any one form of religious belief, the trustees include ministers of all denominations, and vary from the Roman Catholic mission priest on the one hand to the local leader of the Salvation Army on the other.

The Committee of the York County Hospital have made application to the President of the Royal College of Surgeons to appoint someone free from local influence to hold an independent and impartial enquiry into the grave charges made against the management in the *Hospital* newspaper. This being so, we suspend comments on the facts alleged further than to say that the House Committee and Medical Board are satisfied that there is a complete answer to the imputations and charges, and that it by no means follows that because that paper attacks an institution, or an individual, that its charges are well founded. Nor can its views be considered in any sense representative of those of the medical profession, as it is merely an institutional publication run by financiers. Our sympathy is with the Matron in the attack upon her, and our advice to her is not to take it too much to heart.

An arrangement is on trial at the Birmingham General Hospital by which many cases who have been operated upon, and who no longer need in-patient treatment, but require frequent "dressings," have been referred to the District Nursing Societies in Birmingham and district, and thus the patient is saved the inconvenience and risk of coming so far to attend the Hospital. The Board is grateful to several Societies for their willing help in this matter, and hopefully looks for an extension of it in the future.

Upon a recommendation by the Medical Officer of Health, the Public Health Committee of the Aberdeen Town Council have recommended that permission should be granted to the probationer nurses at the City Hospital to attend the School of Domestic Science for the purpose of being instructed in invalid cookery, and that the fees should be borne by the Council.

King Edward's Coronation Fund for Ireland has received a donation of £26 5s. from a friend of the Fund.

The Mayor of Kroonstad, South Africa (Mr. James Strang), has received word from His Excellency the Governor-General that Kroonstad has been selected as the centre for the erection of the first Nurses' Home under Lady Gladstone's King Edward VII Memorial scheme, this Home being the gift of an anonymous donor. The building is designed to accommodate a Matron and Superintendent and four or five nurses, and for extension as and when necessary. It is desired to have the building completed as soon as possible.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

A Bill, which empowers the authorities of Westminster Hospital to acquire lands for and to erect a new hospital, to authorise the sale and disposal of the present site, and for other purposes, was read a first time on March 12th, and a second time on March 17th, in the House of Commons.

The Annual Meeting of Governors of the Chelsea Hospital for Women will take place on April 3rd, the President, Viscount Castlereagh, M.P., M.V.O., in the chair.

Lady Minto's Indian Nursing Association has received a donation of fifty guineas from the Court of Assistants of the Grocers' Company.

The Annual General Meeting of subscribers of the Florence Nightingale Hospital for Gentlewomen was held at the Hospital, 19, Lisson Grove, N.W., last week. Earl Waldegrave presided, and in moving the adoption of the report, drew attention to the fact that 323 patients, the largest number on record, had been admitted during 1912; some of whom came from such widely distant places as Buenos Ayres, India, Brussels, China, and South Africa. He also expressed the warmest thanks to the very large number of physicians and surgeons mentioned in the report for their generosity in attending patients gratuitously.

Owing to the demand for beds, which far exceeds the accommodation, a new wing is being added, and an earnest appeal is made for the sum of £2,500, so that the extension may be opened free of debt.

We are glad to know that Birmingham is to have a new Children's Hospital, worthy of this progressive city, as a memorial to the late King Edward VII. The foundation stone is to be laid by Princess Louise, who will be accompanied by the Duke of Argyll, on April 23rd. The Princess is to be received at the site by the Lord Mayor and Lady Mayoress and the Lord Lieutenant, the High Sheriff, the Bishop of Birmingham, and representatives of the Hospital, including the Matron, Miss Buckingham, will be present. On the same date the Princess will unveil a statue to the late King.

The Governors of the Chichester Infirmary have decided that its title shall be "Hospital" in the future, and to petition His Majesty to grant the institution the title of "Royal."

The directors of the Newport Hospital have been notified that the late Lord Tredegar bequeathed £5,000 to the institution. This is one of many charitable bequests.

“TRAINED BY HER OWN EXPERIENCE.”

NURSE'S FRAUDS AT PAIGNTON.

At Paignton last week, before Messrs. G. Prestige (chairman), W. J. Ham, and G. S. Bridgman, Emily Foster, an elderly woman, in the dress of a nurse, of Torquay, was brought up in custody charged on remand with obtaining 2s. 6d. by false pretences from John Knight, fishmonger, Paignton. On January 3rd defendant borrowed the half-crown from Mr. Knight by representing herself as a nurse at the South Eden Nursing Home in Adelphi Terrace, but it was subsequently ascertained that she was not employed there. Defendant was further charged with obtaining 2s. 6d. by false pretences from Albert Hicks, dairyman, Victoria Street, also early in January. Defendant called at Mr. Hicks' shop and asked him to lend her 10s., immediately afterwards saying she meant 2s. 6d. She also said she belonged to the South Eden Nursing Home, and thereupon Mr. Hicks let her have 2s. 6d. which had not been repaid. Miss Caroline Robertson, proprietress of the nursing home, stated that defendant was a nurse there for two or three days in February of last year, but no nurse of that name was there in January of this year. Defendant elected to be tried by the Bench, and pleaded not guilty. She admitted borrowing the money, but said she had no intention to defraud, and intended paying the money back. She did not remember mentioning the nursing home. Being short of money, she went to Paignton and called at several shops and borrowed money at each.

Defendant was further charged with obtaining on February 3rd 2s. 6d. by false pretences from Samuel Hunter, butcher, Victoria Street, of whom she borrowed the money by representing herself as from the Cottage Hospital. Miss Clara Sayers, the Matron, stated that defendant had not been employed there. Defendant stated that on the day in question she went to five places and borrowed 2s. 6d. at each. In reply to the Chairman, who asked her if she had a nurse's certificate, defendant said she had been a nurse seventeen years, but had no hospital training, having been trained by her own experience.

The Bench intimated that they had decided to convict, upon which Superintendent Roberts said there were several other charges, but he did not propose to prefer any more. There was no previous conviction. The Bench, however, intimated that they would like to hear one more case, and defendant was further charged with obtaining 2s. 6d. by false pretences from Samuel H. Lambshead, one of the directors of Peller's, Ltd., also early in February. Mr. Lambshead said defendant called at the chemist's department and asked him for a loan of 2s. 6d., saying she was a nurse at the South Eden Home, and he thereupon lent her the money. Defendant said she paid back the

2s. 6d. to a young lady the same night, but Mr. Lambshead explained that he found that defendant had borrowed 2s. 6d. from another department, and that this was not the same 2s. 6d. as she borrowed from him.

Superintendent Roberts stated that defendant had been behaving in a similar way at Torquay, where charges could be preferred, but he did not propose to proceed with them later. The Chairman said the Bench were sorry to see a person of such apparently respectable position in the dock on these charges, and they sentenced her to a month's imprisonment in the second division.

What a pity this "respectable person" was not a member of the W.S.P.U., and had not also broken a bit of glass as well as swindled; no doubt then her sentence might have been six months "hard" and honest tradesmen protected from her blandishments! No doubt she wore a nurse's uniform to impress her victims.

CONVENIENT PREPARATIONS.

"ENULE" GLYCERIN RECTAL SUPPOSITORIES.

This preparation is now issued by Messrs. Burroughs Wellcome & Co. in a new packing. The outermost covering is a neat circular aluminised metal case. The line of juncture between the lid and the case is surrounded by a strip of aluminised paper which effectually shuts out the moisture of the air. This strip can be removed instantly by pulling the end of the string which is pasted underneath it.

On opening the tin the next line of defence is seen—a bottle with a polished metal cap. The metal cap is fitted on the inside with a special cork composition, and the top of the bottle, instead of presenting a broken unequal edge is perfectly smooth and all on one plane. Consequently a good twist of the screw secures the complete sealing of the contents.

Each "Enule" product is wrapped in a special tinfoil case of unique design, which not only protects the product from damage but is of great convenience in handling. The product can be held between the fingers by its sheath without being affected by the warmth of the hand, and at the moment desired the tinfoil can be stripped off without the least difficulty.

It is difficult to conceive of any more complete and thoroughgoing precautions for the preservation of a preparation naturally so susceptible to atmospheric influence as a glycerin suppository. "Enule" Glycerin contains 0.5 per cent. of anhydrous glycerin, and is made in a special shape which precludes the possibility of accidental expulsion.

Two sizes are issued, adult's and children's, each size in containers of one dozen.

OUTSIDE THE GATES.

THE HORRORS OF FOOTBINDING IN CHINA.

J. Macgowan writing in "How England Saved China," the story of changes brought about by European influences during the last fifty years, gives the following interesting account of the horrors and origin of footbinding in China. By the kindness of Messrs. Fisher Unwin, we are able to reproduce from *M.A.B.* the accompanying illustration of the resulting deformity.

When I reached China, over fifty years ago, I found that a custom, more cruel and more relentless than any that had ever afflicted woman-kind in any country or in any age of the world,



THE IDEAL "GOLDEN LILIES" OR BOUND FEET.

was in full force throughout the length and breadth of this great Empire, and that custom was footbinding.

This terrible product of far-off centuries had struck its roots so deeply into the national life, and was so interwoven into its very warp and woof, that to an onlooker it seemed that there was no power that could ever be brought to bear upon it that could tear it out of the heart of the nation.

It was not simply in one particular district or province that it was practised. In the great plains and valleys, alongside the march of great rivers, in the crowded towns and cities, from Canton in the south up to the Great Wall in the far north, and from the Yellow River on the east away to the extreme limits of the Empire in the west, the women everywhere were under the grip of this intolerable tyranny.

The two chief exceptions were the slave-women and the boat-women, but outside of these it was to be found as prevalent in the homes of the poorest as it was in those of the wealthiest and most aristocratic in the land.

The origin of this custom is hidden in the mystery of the past ages. The one tradition that seems more probable than any other declares that it arose at the close of the Ts'i dynasty (A.D. 497-501), and we are inclined to accept it as the most reliable one.

The Emperor who was reigning at that time was Lung Hwen-han, and one of his concubines, with whom he was deeply in love, was Pan-fei, one of the celebrated beauties of China, whose fame has travelled down the centuries to the present time. Unfortunately, the feet of this lady were deformed, and in order to disguise her infirmity with deit and cunning fingers she had bound them with silken bands with such exquisite art that only the keenest eye could have seen that there was aught amiss with them.

Her ladies-in-waiting, feeling profound sympathy for her, and wishing to divert attention from her, began to bind their own into the semblance of those of the royal beauty. Before long the daughters of the nobles that were in attendance on the Emperor in the capital, anxious to gain the favour of Pan-fei, took to binding their feet also after the fashion of the ladies in the

palace; and so the custom spread, until every one that desired to be classed amongst the élite in the fashionable world adopted the example that had been set by the royal concubine.

The tragedy of footbinding usually began when the girl was about seven years of age, and never in all the years of her life would it entirely disappear out of it; for from the day when the bandages were first wound around her feet the binding had to be continued as long as she lived.

The first step in this ghastly process was the gentle compression of all the toes, excepting the large one, by long cotton bandages that were deftly wound over and about them, so that there was no escape from the imprisonment in which they were held. The pressure was like that of a tightly-fitting shoe, which after a time becomes intolerably painful.

There was rebellion, of course, for the child up to this time had revelled in the wildest freedom, and as the hours went by, and Nature with hot and fiery passion resented the wrong that was being done to her, she would entreat her mother, with tears streaming from her eyes, to loosen the bandages, if only but a little, that she might be freed from the stram that was crushing the very life out of her. This prayer, of course, could never be granted. With the winding of those cruel strips of calico round her feet a new era in her life had begun, and the happy, careless joys of childhood had vanished never to return.

After a certain interval of time, enough to prevent too great a shock to the system, the same process was repeated, only it became more severe and relentless as time went on. The supreme aim that was never lost sight of was to shorten the feet as much as possible and to stop any further growth in the future. To carry out these cruel thoughts the toes were drawn with savage force under the soles, whilst the heels were drawn forward as if to meet them.

Screams and agonies and floods of tears and piteous entreaties and shrieks of despair had all to be disregarded, whilst heels and toes, lying in opposite poles, were drawn with irresistible force towards a central chasm that acted as a boundary-line between members which Nature had ordained should never approach each other without disaster.

WOMEN.

The out-patient department of the new South London Hospital for women, which is to be staffed entirely by women doctors, is to be opened by Lady Castlereagh on April 2nd, at 88, Newington Causeway, to be followed by the erection of the new Hospital, staffed by women doctors, for the reception of in-patients on Clapham Common. The Clapham Maternity Hospital, which for twenty-five years has maintained an out-patient department for the diseases of women and children, has, on the urgent recommendation of King Edward's Hospital Fund for London, which promised "substantial help," decided to reconstruct the Hospital at a cost of £6,000. The Committee is working in friendly relationship with the authorities of the new Hospital, and considers itself relieved of the necessity for building new premises for "general" out-patients. At the same time, it is considered important that the position should be quite clearly stated, and that the public should understand that though two quite separate hospitals at Clapham are appealing to the public for funds in aid of building purposes, there is no overlapping.

The activities of women in the religious world are never more apparent than during the "May Meetings," which will shortly be upon us. A number of these, especially in connection with home and foreign missions, are restricted to women.

BOOK OF THE WEEK.

THE COMBINED MAZE.*

The title takes its name from a favourite exercise of the Poly-Gym of which young Ranny Ransome was an enthusiastic member. And the Poly-Gym was just the sort for the Polytechnic Gymnasium. It is the breezy wholesome atmosphere of the Gym that is the greatest charm of the book. Ranny was the son of a little middle-aged chemist, "weedy, parched and furtively inebriate." From the very first his mother said that Ranny was that venturesome, "It beats me where he gets it from." He himself was an utterly insignificant clerk, but his dream was yet of cleanness of health and of physical perfection. "He was the exponent of a city's desperate adolescence, these inarticulate enthusiasts of the earth. If you asked him the reason of his physical exercise he would say you did it because it kept you fit; also, if you pressed him, because it kept you decent." So much for Ranny as a youth. It was at the Gym that he first met Winny Dymond. Nothing could be more conventional or more unspeakably decorous than the young ladies of the Polytechnic Gymnasium. From the first Winny holds him. "It was not so much love as some inspired sense of comradeship mixed inextricably with that other sense of absurdity and tenderness."

Ranny's conversation is Cockney pushed to the extreme. In fact he would have described it as "the limit." It was really a pity that he could not consider it the "decent thing" to propose to Winny while his prospects were poor. Lying on his back in a meadow on a Sunday afternoon with her beside him he said that for his part he thought life was a pretty rotten show.

"Think," said Winny, "of the things you have got."

"What things?"

"Why," said Winny counting them off on her fingers, "you've got a father and mother, and new tyres to your bike. Good boots"—she stuck a buttercup in their laces—"and a most beautiful purple tie" (she held another buttercup under his chin.)

"It is a tidy tie," Ranny admitted, smiling because of the buttercup, "but me hat's a bit rocky. It's what a fellow hasn't got he wants. I've no prospects, not for years and years."

"No," said Winny, with decision, "and didn't ought to have, not at your age."

And so Ranny's opportunity passed, as he must of course do the decent thing.

And then Delilah came along in the shape of Violet Usher, and in one mad moment he forgot to do the decent thing, and in his raging remorse he married her within three weeks. The description of the little cheap villa that was far beyond their means is cleverly drawn. Their first quarrel

* By May Sinclair. Hutchinson & Co., London.

was when the agent wrote enquiring whether Mr. Ransome wished to give his residence a distinctive name. He didn't wish it, but Violet did. She said she couldn't abide a number. Ranny said if he lived in a house called Granville, it would make him feel a silly ass. And Violet said he was a silly ass to feel about it like that. After all Violet had been right. Granville kept him in a state of being tickled. It tickled Wauchope and Fred Booty. They met him with "What price Granville?" They called him in town Baron Granville of Granville, or the Duke of Granville. Violet from the first resented the married state, and hated the babies as they arrived, and finally left Ranny for some worthless man. Ranny being such a decent chap felt his disgrace badly. The inevitable reaction comes, and he realises what he missed the day he refrained from asking Winny to marry him. "Dear little Winny!"

Mr. Wells has found a rival in Miss May Sinclair in portraiture of suburban and commercial life. This is a book well worth the reading, and contains many clever sketches besides those of the most prominent persons.

Ranny's father in his eyes was a miracle of unfitness, and whose continual state of inebriety was covered by his faithful wife as "The Head-ache."

H. H.

COMING EVENTS.

March 27th.—Nurses' Social Union. Lecture by Dr. Barty King on "The Lessons to be Learned from the Social Insurance Act of Germany, with Special Reference to the Crusade against Disease," illustrated by lantern slides, Institute of Hygiene, Devonshire Street, London, W., 3.15 p.m. Admission free to members, who are requested to wear their badges or bring their cards. Nurses not members, 6d.; others, 1s.

March 28th.—The Hendon Branch of the Central London Sick Asylum Nurses' League. Annual Meeting. 4 p.m.

April 22nd to 25th.—Annual Exhibition and Nursing and Midwifery Conference, Horticultural Hall, Westminster, London.

NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

June 4th to 6th.—Conference and Exhibition organized by the Irish Nurses' Association. Questions of interest to be discussed:—Nursing Education, Preliminary, Theoretical and Practical and Post Graduate; State Registration; the Nurses' Registration Bill, its effect on the Nursing Profession, including Hours of Work, Remuneration and Privileges; the Law as it affects Trained Nurses; White Plague (tuberculosis); Black Plague (venereal disease); the Appeal of the Insane; Poor Law Nursing; School Nursing; The Training and Professional Ideals of the Masseuse; the Legal Status of the Midwife; a Just Midwives' Act for Ireland.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

THE ABUSE OF NURSES' UNIFORM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As a trained nurse, I am naturally very much interested in the protest which is being made against the abuse of our uniform. As you remarked in your speech of the 14th inst., this abuse, together with other matters, is lowering our profession in the eyes of the public, so that, as in the instance of the members of the Lyceum Club, nurses are regarded with suspicion and dislike.

May I suggest that an advertisement which appeared last week in a medical periodical does not tend to help matters in the right direction? An institution, in advertising for nurses, offered "£2 per annum good conduct money"! I think this is an insult to an honourable profession and speaks eloquently for the institution in question and for the type of nurses which the authorities have been accustomed to employ.

With regard to Registration and a recognised uniform or badge, at the meeting held on the 14th inst. it was suggested by one of the speakers that our uniform should be discarded until it could be worn with self-respect. Should this course be adopted, we should appear, so it seems to me, to be leaving in the lurch those of our profession who are still at their training schools, especially those whose hospitals forbid the wearing of mufti during their period of residence.

Should a State recognised uniform be adopted, hospital nurses are again in a difficulty, as they may not wear the registered garb, and therefore must wear private clothes (if allowed), the changing into which necessitates the waste of precious "off-duty" time, or they must wear a uniform which may be copied with impunity by any untrained woman.

Would it be possible to insert a clause in the Registration Bill, or to draft a separate Bill, allowing hospitals to register, or make copyright, their several uniforms; or, better still, for all to adopt one pattern, so that there would be only two State recognised uniforms (apart from the two services), one for fully-trained nurses and the other for those in course of training, the latter to be worn only when actually in residence at hospital? (This would prevent its use by those who did not complete their three years' training.) I think this method would be more satisfactory in the end than the wearing of badges. I have not overlooked, however, one disadvantage—the question of expense. Uniform is not cheap, though one institution which advertises in your columns offers "£2 per annum (only) in lieu of

uniform." If our hopes are fulfilled and the Registration Bill be passed, no doubt before then we shall have ample time in which "to save up" for the new garb, as we have rarely known the House of Commons to "hustle" through any Bill relating to women.

I am,

Yours faithfully,

M. C. SINZINEX.

Midhurst Avenue,
Muswell Hill, N.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In your interesting JOURNAL OF NURSING and other journals one so often reads letters relating to the abuse of a nurse's uniform. It is always a matter of great regret to me that our uniform is abused, but still more so that so many trained nurses are ready to wear uniform in the streets when it is not necessary. It is very little trouble or expense to have private clothes always to hand, and one learns the knack of changing in a very few minutes.

Except for District work, and occasionally going to and from private cases, I have never found outdoor uniform necessary, and I think there are very few who do.

To wear it on any and all occasions is only show (because it looks nice), and to do that should be beneath the trained nurses.

Yours respectfully,

A QUEEN'S NURSE.

ALEXANDRA DAY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—With reference to the correspondence in your journal *re* the above I should be interested to know on what grounds the charities receiving donations from this Fund were selected. Why were certain Institutions chosen and others totally ignored?

I observe that at least one hospital with which Queen Alexandra is especially connected did not receive a single farthing from the £11,106 2s. 3d. available for distribution. Other institutions were, I notice, in the same position.

Yours faithfully,

ENQUIRER

(A Hospital Secretary).

ASSOCIATION OF ADVERTISING WOMEN.

To the Editor of THE BRITISH JOURNAL OF NURSING

DEAR MADAM,—I am much obliged by the kind notice of our Association which you have given in your issue of March 15th.

In answer to your question as to the title of our Association, I quite realise that to outsiders our name may not appear a very happy one, yet I do not see how else we can name ourselves, and I can assure you that I and my committee have given the matter our serious consideration. "Association of Women Advertisers" would not be correct; we conduct the advertising for adver-

tisers; we ourselves are not the advertisers, so that we cannot call ourselves an "Association of Women Advertisers." We are "Advertising Women" in the same sense that the members of the nursing profession are "Nursing Women."

Yours faithfully,

E. M. SAYER.

REPLIES TO CORRESPONDENTS.

Correspondent (St. Petersburg).—The best way of minimising the risk of infection is probably through the provision of glass cubicles in which suspicious cases can be isolated till seen by the doctor, and at the same time kept under observation. They can afterwards be easily sprayed down with a disinfectant. At the Lord Mayor Treloar's Cripples' Hospital at Alton all newcomers are received into a ward divided into glass cubicles, and we believe that they are kept there for a fortnight, before being transferred to the general wards, with very satisfactory results. In this case the glass screening dividing the cubicles does not reach to the ceiling.

OUR PRIZE COMPETITIONS.

April 5th.—Name the excreting glands of the body, and the products of each.

April 12th.—Mention the directions in which the waste of hospital property is likely to occur (a) in a ward, and (b) generally throughout the building.

April 19th.—What are the dangers (a) to the mother, (b) to the child, in a case where there is a purulent vaginal discharge at the commencement of labour.

April 26th.—Mention some of the uses of the skin, its condition in health, and some prominent features characteristic of disease.

NOTICE.

HOW TO KEEP IN TOUCH WITH THE NURSING WORLD AT HOME AND ABROAD.

All members of Leagues and Associations of Nurses affiliated to the National Council of Nurses of Great Britain and Ireland know that each one is also a member of, and thus helps to form the great International Council of Nurses. But all may not realise that the official organ of the National and International Councils is THE BRITISH JOURNAL OF NURSING, professionally edited, and controlled by trained nurses. The Editor will always be pleased to receive contributions on practical nursing subjects, reports of interesting cases, and letters from those working abroad, for which, if accepted, payment is awarded. Nurses with high professional ideals should subscribe to THE BRITISH JOURNAL OF NURSING, issued weekly at the small cost of one penny. It can be ordered either through a news-agent or from the Manager at the offices, 431, Oxford Street, London, W.

The Midwife.

MIDWIFERY AS A BRANCH OF SURGERY.

Dr. Victor Bonney, Assistant Obstetric and Gynæcological Surgeon to the Middlesex Hospital, in an interesting paper read before the Harveian Society of London, and published in the *British Medical Journal*, emphasised the importance of recognizing midwifery as a branch of surgery. He wrote in part: As a result of the affiliation of midwifery to medicine in the past, the analogy between reproduction and other natural processes has been too much insisted on. Child-bearing is, of course, a physiological process, but it stands alone amongst such, in that while the rest of them are exercised for the good of the individual, reproduction is exercised for the benefit of the race at the cost of the individual. The toll reproduction exacts from womankind is very definite and is levied on civilised and aboriginal alike; animals, whether domesticated or wild, do not escape it. At no other time in the life of a healthy woman is ill-health so imminent as during the periods of child-bearing. Pregnancy is normally associated with altered metabolic processes, closely verging on auto-intoxication; labour is an example of Nature's rough surgery, puerperium a time of healing of self-inflicted wounds. Midwifery is an almost purely surgical art. Therapeutic treatment finds less place in it than perhaps any other department of our profession. The means it employs are almost entirely mechanical. Its operations, as compared with those of other branches of surgery, are to the full as difficult, and require, from the circumstances under which they are usually carried out, a far greater average degree of care, skill, and fortitude. Further, the liability for infection to follow them is much greater, because sepsis of the operation area is much less under the control of the operator.

Attendance on the puerperium resolves itself into the care and treatment of wounds of the genital canal—wounds naturally produced, indeed, but of the character of lacerations or abrasions, often associated with much bruising, and situated, as regards the placental site, in a position unfavourable for drainage, and as regards perineal tears in one impossible to render aseptic.

It follows, therefore, that the obstetrician stands more in need of modern surgical surroundings, accessories, and assistance than any other class of surgeon, if he is to carry out his work in keeping with the present-day standards of aseptic surgery.

These statements are truisms, I venture to think, to all who give to the subject any degree of thought, yet the layman has a very imperfect understanding of them.

The unqualified reiteration of the "naturalness" of childbirth, the false conception derived from the profession itself, that midwifery is dissociated from the rest of medical science, has led the public to belittle the medical importance of labour, which, in the lower orders at least, tends to be regarded as analogous on a larger scale to defaecation or micturition. Hence has arisen, and is maintained by custom, a want of comprehension of the necessity for making proper provision and pre-arrangement against the time of labour, and a disinclination to expend on the event the amount of money commensurate with its importance.

There are in all great cities numbers of houses unfit for the habitation of human beings; thousands of tenements stinking and verminous. The patient is filthy, the bedclothes are filthy, the supply of water limited to one small kettle, the utensils to a single bowl or basin, the room choked with lumber, dusty furniture, and frowsy garments. In such surroundings it is the custom, against which no vigorous voice is raised, to perform difficult surgical operations peculiarly fraught, under any circumstances, with the risk of post-operative sepsis.

Who is not familiar with the general surgeon who relates with pride that he successfully operated for, say, a strangulated hernia, in a dingy cottage by the light of a single candle and the assistance of only one other medical man and a nurse. But what of the obstetric surgeon who, alone and unaided, amidst similar surroundings, acts the part of anæsthetist, operator, and nurse in his single person?

The absence of the conception of the "surgicalness" of midwifery, however, is not limited to the lower classes.

Consider the average lying-in room in the average middle-class house. A double bed is the first object that strikes the eye, unwieldy and inconvenient. In one corner is the baby's cradle and a pile of baby clothes; in another the washhand stand, and on it toothbrushes, bottles of hand and hair lotion, the husband's shaving materials, and various other objects. The dressing-table absorbs much of the floor of the room and most of the light from the window. It is littered with the implements of the toilet—brushes, combs, hair-pins, trays, boxes, vases, photograph frames, and other rubbish. In another corner stands the cast-clothes basket. A large wardrobe obtrudes itself on the already limited space, and a chest of drawers, piled with books, knick-knacks and various odds and ends, takes up much of the remainder. Add to these several chairs and a commode, and the picture is complete.

In this room lies a woman threatened with the possibility of surgical intervention. Were

its nature any other than obstetrical, the room would not be left in that state. It would be cleared and converted, as far as possible, into an impromptu operating theatre.

All papers dealing with puerperal morbidity and mortality deplore the continued prevalence of puerperal fever after home-conducted labour, and variously indicate where the fault lies. Thus the doctor is blamed for not carrying out Listerian principles, or the midwife is arraigned for carelessness and uncleanness.

But not one of them that I have read goes to the root of the matter—namely, the utter want of surgical environment under which labour ordinarily takes place, a custom, I maintain due to the fact that the "surgical idea," as applied to midwifery is only partially recognised by the profession, and not at all by the public. So long as these unsatisfactory conditions remain, the mortality and morbidity of childbirth will continue unduly high. The transgression against the canons of modern surgical asepsis is too great to be washed away with a bowl of antiseptic lotion, however diligently used.

If we consider the results of surgical operations other than obstetrical, when carried out in hospitals and private houses respectively, it will be found that those performed in private are, on the whole, the most successful. Compare this with the results of obstetric work carried out in hospitals and private houses respectively. The contrast is striking. In lying-in hospitals puerperal sepsis in its graver forms is almost abolished; in private houses it is responsible for the wastage of life and health to which Haig Ferguson and others have so forcibly directed attention.

It may be objected that the comparison is not fair, because the operations of surgery other than obstetrical are not customarily carried out in private houses unless the means of the patient permit of the surgical environment being created in the house.

But that is just the point I want to push home.

In obstetrics a vicious circle obtains. The imperfect conception of the position of the art by the profession results in the public underrating its importance and belittling the gravity of labour. Hence has been established a custom by which childbirth takes place under conditions that outrage all the requirements of modern aseptic technique, yet in no other branch of our profession does success obtain so little praise or failure so much obloquy.

This attitude of the public in turn reacts on the medical man. He finds, when he enters practice, that it is customary to conduct labour under the faulty conditions to which I have drawn attention, and in the face of long usage he hesitates to deal with labour as with any other surgical problem. The conversion of the lying-in room into some semblance of an operating theatre, relatively aseptic surroundings, efficient assistance, and an independent anaesthetist, are looked upon as academic ideals not to be pressed for in everyday work.

THE ABERDEEN MATERNITY HOSPITAL.

Lord Provost Maitland presided at the annual meeting of the Aberdeen Maternity Hospital, when the report stated that the position of the hospital under the Insurance Act had engaged the attention of the directors. Negotiations were at present in progress between the directors and representatives of the approved societies, and it was hoped that an early and satisfactory arrangement would be made, so that those obtaining benefit under the Insurance Act might have attention either from the indoor or outdoor staff of the hospital, in return for adequate remuneration under the provisions of the Act. The directors were of opinion that, in the meantime, a charge of 10s. should be made for each case treated in the hospital, and 7s. 6d. for each case treated in the district, special cases to be specially arranged for with the societies.

PLACENTAL AERATION FOR ASPHYXIA OF THE NEWBORN.

The *Nursing Journal of India* reports an interesting case, in which asphyxia in a newborn infant was relieved by placental aeration. The placenta was manually loosened and delivered, and was held, maternal surface upward, exposed to the air, and washed free from clots of blood. For thirty-five minutes respiration was carried on through the placenta in this way. A stream of oxygen turned upon the surface of the placenta brought about a good colour of the child, whenever cyanosis appeared. After tying the cord, the child cried lustily and breathed normally.

The same journal publishes an account of an incident at St. Elizabeth's Hospital, Karnal, Punjab, by a correspondent, who writes: "On January 4th, which happened to be a particularly cold day, a policeman came to the bungalow with a kerosene tin in his hand, and asked if he might see the doctor. When he came he opened the tin, and inside there was a very small prematurely born, little girl baby, wrapped in a little piece of dirty old *chaddar*, and very, very cold. The policeman had brought her from the railway station, where the box had been found on the platform as soon as it was light. The baby was only a few hours' old, and very much collapsed; she was evidently not wanted, and had been put out for anyone to find or not as the train went through, being only a girl baby, it did not signify if she lived or died. She is still very small; and although she is now a month old, she weighs only 5 lbs., but she had a bad cough, which kept her back. These Indian nurses are devoted to her. She was baptized a Sunday ago, and we gave her the name, Elizabeth Turamini ('Little One of the Star'), as she was born so near the Feast of the Epiphany; and Elizabeth, as she belongs to St. Elizabeth's Hospital. I hope she will grow up. One of the nurses is her godmother, together with the Sister-in-Charge."

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EDITORIAL.

HOSPITAL NOVELS.

Of recent years several novels have been published purporting to depict hospital life, and the relations of doctors and nurses from the inside. One dealing with life in a cottage hospital raised a storm of protest, we think justly, at the time of its publication. Now we have *The Night Nurse* reviewed in our columns this week.

Does the average novel give a truthful picture of life behind the scenes in a hospital? If so, then the ideals of nurses in training, and the discipline maintained by the heads of nursing schools, must have deteriorated of recent years. In any case, if the parents of carefully brought up daughters take their ideas of hospital life from the fiction of the period, we cannot wonder at the dearth of earnest-minded probationers to fill numerous vacancies, for what mother would wish her young daughter to join the nursing staff of a hospital where—by means of an elaborate system of deception—flirtations and clandestine tea-parties continually take place in the wards at night, and the house-surgeon on duty remarks to the surgery nurse that if wanted he is to be found by telephoning to a certain ward, by which she perfectly well understands that she is expected to warn him should a visit from the night superintendent be imminent, for “the wordless understanding” between them was complete, and we are told of this “very junior nurse” that she “had imbibed sufficient of the curious hospital spirit to look forward eagerly to the time when she too should have risen to the dignity of ‘charge nurse’ which would allow her to indulge in the dangerous joys of surreptitious tête-à-têtes.” A more unwholesome atmosphere, or unworthy aspiration, for a probationer is difficult to imagine; moreover

deception would not end there, for a nurse who is untrustworthy in one particular, is not to be relied upon in others.

Again, is the popular novel responsible in part for the distrust and hostility felt by the public towards trained nurses? For the private nurse suffers for the derelictions of her hospital sister, and there is no doubt that the public, in many instances, regard nurses with a certain degree of suspicion. Part of this attitude must be attributed to the natural dislike of relatives to relinquish the nursing of those dear to them to others. But we think no fair-minded nurse can be surprised if wives and mothers are averse to leaving their sick husbands and sons through the long night watches when they have preconceived prejudices concerning nurses derived from novels of hospital life, although the nurse concerned may possess the highest professional skill.

We do not believe that the modern novel presents a fair picture to the public of hospital life, but we would remind nurses that, to a great extent, it is its only source of information, and that it behoves them to be especially circumspect and professional in their relations, not only with patients, but with patients' friends and relatives. They live continually in the full searchlight of criticism, and any slight indiscretion may be quite wrongly construed.

Moreover a nurse has great and grave responsibilities, and sobriety and restraint of demeanour become her. Far be it from us to desire to see nurses lugubrious; cheeriness and brightness are most helpful in a sick household, and appreciated by all concerned, but frivolity and lightness, even if harmless, are quite out of place and to be condemned. Each nurse should remember that she has the honour of her profession in her keeping, and should guard it jealously as a most precious and sacred possession.

ON THE IMPORTANCE OF AUTOINTOXICATION IN THE CAUSATION OF DISEASE.*

(Abridged.)

By H. J. ACHARD, M.D., CHICAGO, ILL.

The studies of the last few years have demonstrated that not all diseases are due to external causes, but that they are often produced from agencies residing within the organism itself. The terms *autointoxication* and *autoinfection* have ceased to be technical terms which are understood by physicians only, but convey to the lay mind a distinct idea of disease conditions that are produced within the body by internal agencies.

The idea of such a causation of diseases is not new. As long ago as 1705, Albert von Haller expressed his belief that in constipation "foul water was absorbed from the feces, and, filling the blood with rancid parts, produced fever, hæmorrhages, consumption, and insanity." It is only recently, however, that the conditions due to such internal causes were more fully understood, and we have now learned to differentiate between diseases due to autoinfection and those produced by auto-intoxication.

It is well known that there are present, even in the healthy organism, a large number of bacteria which under normal conditions are harmless, and which, indeed, are often beneficial. Professor Metchnikoff, of the Pasteur Institute in Paris, and other investigators, have shown that the process of digestion, for instance, is carried on not only under the influence of "enzymes," or substances which stimulate the occurrence of certain chemical changes in the food, but that some of these chemical processes, and, in fact, the entire breaking up of the food introduced into the stomach and intestines, depends in part upon the presence and activity of certain bacteria, through the action of which the disintegration of the food occurs; I mention here only the lactic acid bacilli. In the large bowel various bacteria are present, some of which may cause fermentation and putrefaction, but in the normal organism they do no harm. Moreover, it has been shown over twenty years ago that on the mucous membrane of the respiratory passages, including the mouth, there are often found several forms of micro-organisms which are potentially harmful, but the pathologic importance of which is held in abeyance in the

healthy body through its natural resistance to their disease-producing action. Some of these organisms may be carried by the circulation into different parts of the body, such as the lymph glands, the spleen, and often the joints, where again their harmful action is not exerted as long as the body remains in health.

The condition, however, is changed when, for some reason or other, the natural resistance of the organism is diminished. If the body is chilled through exposure, through cold winds, or through wetting, if it becomes weakened by overwork, by excessive mental strain, dissipation, and other undue exertions, it can no longer produce the substances necessary to prevent the harmful action of these bacteria, and then through this injurious action such infectious diseases as influenza, pneumonia, &c., may result without additional and special exposure to infection having occurred. Of course, as a rule, a special infection will be responsible for the development of infectious diseases, and more especially of acute infectious diseases like scarlet fever, measles, diphtheria, and small-pox.

Among the infectious diseases that are due to autoinfection—that is, that depend upon the action of potentially harmful micro-organisms—I may mention rheumatism. It is well known that some forms of rheumatism have an infectious basis, and that the bacteria responsible for the disease invade the joints, and may there remain latent or inactive and then become activated by such cause as exposure to cold, and this explains how the idea arose that rheumatism is due to cold.

It is, however, another form of endogenic disease that I wish to discuss more particularly, namely, autointoxication. In order to elucidate this question we have to inquire into some phases of the normal process of life and into the normal metabolism. We know that the food which is introduced into the body undergoes chemical changes, and is eventually made use of in the production of new blood. We also know that the blood is carried from the right heart to the lungs, where it becomes oxidized; it is returned to the left heart, and sent from there through the body in order to nourish the tissue cells of the various organs.

In the process of digestion not all particles of the food can be made use of. A certain portion is insoluble and unavailable, and must, therefore, be discharged as waste matter, just as the ashes and clinkers are removed from the furnace after the heat-producing portions of the coal have been subjected to combustion. Further, in its course through the body the blood not only gives off oxygen, but also takes

* From *The Dietetic and Hygienic Gazette*.

up certain substances, the results of disintegration in the tissue, carbonic acid gas, &c., which are no longer of use to the body, and are therefore waste material. Some of these waste substances are removed from the blood when it passes through the kidneys, and some are eliminated when the blood is oxidized in the lungs.

It stands to reason that if this mechanism is carried out insufficiently, certain waste products are retained in the body which must have great possibility of harm. One of the most familiar conditions of retention is constipation—that is, a condition in which the waste material of the food is retained in the intestines, and sooner or later gives rise to symptoms of disease induced by the absorption of portions of this waste material, which exert a toxic or poisonous effect upon the organism. Another source of injury is present when the kidneys do not free the blood sufficiently of the toxic substances that should be removed from it, or if such substances are retained in the kidneys instead of being discharged with the urine into the bladder and into the outer air. Still another way in which noxious and harmful substances and waste materials are removed from the body is through the sweat glands of the skin, and the sweat has been shown to contain not only water and salt, but also uric acid and other harmful substances.

We have, therefore, four outlets by which used-up material, the retention of which would be harmful, may be removed from the body. They are the lungs by the exhaled air, the lower bowel by the passage of the bowel movements, the kidneys by means of the urine, and the skin by the action of the sweat glands. If any one of these organs or several of them do not function well, the body becomes poisoned by its own products of insufficient metabolism, and auto-intoxication results.

A constitutional auto-intoxication leads to imperfect nutrition of the cellular elements of the body. In this manner various tissues are injured and interfered with in their function; for instance, the elastic tissue which supports the intestines may become weakened, and may give rise to a condition known as ptosis, and to pendulous abdomen if the abdominal walls also are involved, or if they have suffered mechanically from some other cause, such as child-birth. This insufficient support leads to a systemic shock or depression of the system by decreasing the efficiency of the various abdominal organs, by diminishing the action of the large bowel and allowing faecal matter to accumulate, which then leads to further intoxication if this chain of conditions was due to primary constipation.

We have now a vicious cycle, namely, constipation, intoxication, malnutrition, ptosis, and faecal retention, which again accentuates the auto-intoxication.

It has also been shown that many mental diseases and nervous troubles, among the latter especially neuralgia, migraine, and sciatica, have an autotoxic foundation, and the same has been ascertained for certain affections of the eye, such as cataract and glaucoma, and for many other chronic ailments that resist ordinary drug treatments. There is no possible doubt but that migraine especially is due to auto-intoxication, and the disease is often relieved by the removal of the condition. The same is true for neuralgia and for some forms of rheumatism, or for what is popularly called rheumatism.

I believe I have given enough evidence to show that an insufficient functioning of the eliminating organs of the body is apt to be followed by serious consequences and by decided impairment of the health. The practical lesson to be drawn from what has gone before is obviously obedience to the principle "clean up, clean out, and keep clean." A proper state of nutrition depends not only upon the ingestion of suitable food, but upon its assimilation and upon the regular removal of all waste products or "ashes and clinkers." As far as the lungs and the skin are concerned in the function of eliminating, the habit of proper respiration and of personal cleanliness will secure the desired end. The clogging and therefore the insufficiency of the kidneys may usually be prevented by drinking enough water and by avoiding an excess of such articles of food as throw a large amount of labour upon these organs, especially proteids, meat, and spices.

MILITARY SURGERY.

Professor Monprofit, of Angers, in a report presented to the French Academy of Medicine on his surgical experiences in the Balkan War, finds that the conclusions arrived at and the knowledge of military surgery gained in the South African and Russo-Japanese wars are astonishingly confirmed in this war. Mortality from wounds is immensely lessened by three main factors:—A thoroughly equipped hospital and field ambulance whose personnel is instructed precisely in its business; immediate use of the individual packet of aseptic dressing carried by every man; and a rigid policy of non-interference and non-exploration of wounds except in the presence of a very evident call for intervention, such as a serious hæmorrhage.

OUR PRIZE COMPETITION.

NAME THE EXCRETING GLANDS OF THE BODY AND THE PRODUCTS OF EACH.

We have pleasure in awarding the prize this week to Miss Emily Marshall, 123, New Bond Street, London, W., for her paper on the above subject.

PRIZE PAPER.

A *Gland* is an organ whose function is that of secretion and excretion, or both combined, containing *ducts*, or vessels, for the escape of matter excreted.

Excretion is the process by which waste, useless and injurious matter is separated from the blood and thrown out of the body by excretory glands. The principal glands are the liver, kidneys, pancreas, mammary, lachrymal, sudoriparous, sebaceous, ceruminous meibomian glands, and the glands of Brunner, Reyer, and Lieberkühn.

The *Liver* is the largest gland in the body; its action is incessant, secreting bile and glycogen, and is therefore a constant gain and loss to the blood; it is capable of secreting 3 to 5 lb. of bile per day.

The biliary ducts, the cystic duct, and the common bile duct collect, conduct, and control the flow of bile to the gall bladder and intestines; its aid is required for digestion, chiefly of the fatty matters, by *neutralizing* the acid of the gastric juice. Bile consists of carbon, hydrogen, oxygen, nitrogen, and sulphur. It is a greenish fluid, bitter, and slightly alkaline.

Glycogen assists in converting starch into sugar.

Glucose is the substance formed by the action of ferments on the glycogen.

The *Pancreas*, a milky white gland, secretes pancreatic juice, which acts as salivary gland to the abdomen, and aids digestion.

The Kidneys.—The internal borders of the kidneys contain openings, which give entrance to the renal arteries and nerves, and exit to the renal veins and ducts. They derive from the veins *urea* secreted by the glandular epithelium, which discharge their secretion (urine) into the ureters; these convey urine to the bladder, which serves as a reservoir for retaining *urine*, the chief nitrogenous waste of the system.

The mammary glands of the breasts secrete in nursing mothers milk for nourishing their babies.

The salivary glands secrete saliva. The largest are parotid, submaxillary, and sublingual. Their ducts pour out saliva into the mouth; saliva is a thin, frothy liquid, and con-

tains *ptyalin*, which is capable of converting starch into sugar.

The lymphatic system contains the lymphatic and mesenteric glands. The chief *lymphatic glands* are cervical, axillary, lumbar, and inguinal; these glands lie in the course of the lymphatics, and discharge lymph.

Mesenteric glands are the lymphatic glands of the lacteals; they assist in elaborating the chyle.

The *Lachrymal glands* secrete fluid which moistens and lubricates the front of the eye.

Sudoriparous glands excrete the perspiration, which consists, when condensed, of a colourless, transparent, slightly acid liquid having a characteristic odour. It is constantly given off from the skin in the form of vapour. But when its escape is prevented or given off rapidly, as during exertion, it collects on the skin in the form of a liquid.

The *Sebaceous glands* secrete fatty matter. They are most numerous about the hair follicles. Their function is to keep the skin soft and flexible.

The blood is continually losing and gaining matter during its course of circulation: gaining oxygen as it passes through the lungs, waste products from the capillaries and lymphatics, sugar and white corpuscles from the liver, white corpuscles from spleen and ductless glands; losing carbonic acid, aqueous vapour, and urea by the lungs, water, urea, &c., by the kidneys, bile by the liver, and urea, aqueous vapour, and carbonic acid by the skin.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss H. Scott, Miss E. J. Townley, Miss J. J. Jackson, Miss D. F. Chapman, Miss M. Bateman, Miss P. Macgregor, Miss O'Brien, Miss J. Gilchrist.

Miss H. Scott writes concerning the lungs and kidneys:—

These excrete waste matter from the body. They are constructed upon one and the same principle, and consist of delicate tissue, one side of which is free, and lines a cavity in communication with the exterior of the body, while the other is in contact with the blood which has to be purified. Each of these organs eliminates the same products—water, urea, and carbonic acid—but in various proportions.

The lungs are composed of little cells. It is in these that the exchange between the blood and air takes place. They excrete carbonic acid and watery vapours, with a varying amount of excrementitious matter; the latter, when in excess, gives that peculiarly offensive odour to the breath, in some patients so marked.

Miss Jackson points out that the skin is richly supplied with sebaceous glands and sweat glands.

On the inner side of each hair follicle is the orifice of a small gland (sebaceous), which secretes an oily fluid needed for the lubrication of the skin.

The sweat glands situated in the outer layer (epidermis) of the skin consist of coiled tubes, the ducts of which pass through the epidermis and open on the skin. They secrete a watery fluid (sweat or perspiration), which contains only a little solid matter. Sweat is continually being given off imperceptibly, and when the secretion is increased it forms visible drops, which can be seen on the surface of the skin. Its chief use is to cool the surface of the body by its evaporation, just as the forehead is cooled by the application of an evaporating lotion. Emotion, such as fear or shame, may produce sweating.

The lining membrane of the stomach is made up of long tubular glands set as closely as possible side by side, and in these the gastric juice is formed. The structure of the mucous membrane of the intestines is much the same. In all these mucous membranes there are situated glands, each formed of a small mass of twisted tubes, which secrete a clear shining fluid known as mucous, that gives to these membranes their soft, smooth appearance and name.

Miss D. F. Chapman explains that the kidneys expel the waste nitrogenous products, separating these materials in the form of a liquid called "urine," water being the predominant excretion, and holding the remaining solid matter in solution, namely, urea, uric acid, sodium chloride, phosphoric acid, and sulphuric acid.

Urea is the chief product, and is formed through the decomposition of all the nitrogenous substances which have entered the body. Uric acid contains the same elements, but in a less advanced stage of decomposition.

QUESTION FOR NEXT WEEK.

Mention the directions in which the waste of hospital property is likely to occur (*a*) in a ward, and (*b*) generally throughout the building.



The Council of Queen Victoria's Jubilee Institute for Nurses, on their own behalf and that of the affiliated Associations and the 1,078 Queen's Nurses throughout the kingdom, have sent a letter of condolence to Her Majesty Queen Alexandra, on the occasion of the tragic death of the King of Greece.

A HISTORY OF NURSING.

OUTLINES OF PIONEER WORK IN SWITZERLAND, HOLLAND AND BELGIUM.

Continuing our notices of the fourth volume of Miss Dock's "History of Nursing," the next countries dealt with are Switzerland, Holland, and Belgium.

SWITZERLAND.

It is interesting to know that "the first training school on the Continent founded on 'free' principles was that of La Source in 1859, at Lausanne, Switzerland. It was the creation of Mme. de Gasparin—who bequeathed a large sum for its maintenance—and her husband, and by its charter it was named 'The Normal Evangelical School for Free Nurses.' Though it was not strictly secular, springing as it did from deeply devout motives, it was intended to offer serious-minded women an alternative to the religious orders, with which the ardent Protestantism of Mme. de Gasparin was not in sympathy. Its founders refused to exact celibacy from the candidates, to impose a religious dress, or to use the title 'Sister,' while they emphasised their advanced economic views by making the nurses individually free as soon as they had taken their course, and by insisting on the honourable quality of work done for wages, and on the nurse's right to enjoy her whole earnings and direct her own career."

The school was to the Continent what Mrs. Fry's was to England, but it was even more elementary on the professional side, as for a number of years it had no hospital training. In 1891 some hospital service began to develop in a small way, but "if it is meant to live up to the traditions of its origin, it will develop on the lines of the Bordeaux nursing movement; amplify the matron's position, give up undergraduate private duty, and grade the practical work."

There is a training school in Berne under the Red Cross, and one in Zurich, managed by the Society of Swiss Women. There is also a secular training school attached to a Catholic Order of Nuns at Ingenbohl, where, we read, the nursing methods are modern and excellent, and the secular pupils not overworked. "The Ingenbohl nuns first opened in Switzerland the question of State Registration, as many of their Sisters worked in Germany, and felt the influence of the German Act. They are cordial and responsive to the international idea, and may be rightly regarded as a centre of ardent and zealous progressiveness in nursing education."

HOLLAND.

In the section on Holland, the author quotes from a paper by Mej C. A. La Bastide Baarslag presented to the Buffalo Congress, which shows that about fifty years ago sick nursing in Holland was chiefly the task of religious corporations, more especially of Roman Catholic Orders. "Not until the year 1830 did there arise in Protestant hearts the ardent desire to bring aid and comfort to their sick fellow men, and the Protestant deaconesses took up this work of charity."

The two chief associations in Holland with which nurses are connected are (1) The *Bond*, of which the large majority of members are physicians, directors of hospitals, and matrons, as well as laymen, and members of philanthropic societies, and (2) *Nosokomos*. "Excellent as are, without doubt, the motives and aims of the nurses and matrons on the *Bond*, it has not from the point of view of the working nurses been an actively useful body. . . . The influence of hospital authorities predominates in the Association, and even the matrons have only the passive rôle assigned them of seeming to share in discussions and motions which are, in reality, settled as the financial, or commercial, or professional aspects of hospital industrialism dictate."

Miss Dock contrasts the difference of the influence of the matrons in Holland in nursing matters to that of the organised matrons in this country and America. "It may be said that in Great Britain and America the organised matrons have always led, followed and trusted by the nurses; in Holland the nurses have led, while the matrons have remained in the background, afraid to assert themselves against the hospital directors. The *Bond* is really a clearing house, where compromises made necessary by the business circumstances of the various hospitals and institutions are agreed upon; it is not at all a truly educational or professional body, nor is it a highly ethical one. It is a characteristic example of that form of organisation that is commended and encouraged by employers who are secretly unwilling to permit independent self-governing organisations to arise among workers, especially when the latter are women."

"*Nosokomos* owes its inception, and the marked influence it has exerted in the nursing world, to the splendid woman who was until 1909 its leader—Miss E. J. van Stockum." It was during her training that she realised how many abuses called for reform, and what an absolute want of solidarity there was among nurses. "She felt that, as much in the

interests of the patients as in that of the nurses, the latter's servile attitude towards the directors of the hospitals should change, that they should protest openly against the long working hours, and excessive rough work, and above all, that they should be protected against the unfair competition of those who were badly trained, or even, in some cases, without any training at all. In 1896 she married Dr. Aletrino, who, equally with herself, was a warm champion of justice and progress. The original plan of uniting the nurses together in one association was theirs.

"Another woman of unusual gifts of discernment and devotion gave herself to the cause of advancing the educational and ethical status of nurses, namely, Miss J. C. van Lanschot Hubrecht, for a long time the Secretary (and now President) of the Association. . . . She soon formed a warm friendship with Mrs. Aletrino and her husband, and under their stimulating influence she gave herself wholly, with deep enthusiasm, to the work of the Association, seeing in it a part of the great cause of human progress through uplift of the workers, and especially of women. They met the usual obstacles."

Of the journal of the Association, also named *Nosokomos*, we read that it "was indeed a militant publication. For years, it fearlessly attacked every stronghold of power and privilege as related to the world and work of nursing. It stood with THE BRITISH JOURNAL OF NURSING and *La Garde-Malade Hospitalière* in its self-imposed mission of combat against the mercenary and undemocratic order which retarded the advance of women workers."

The Society has now an office in Amsterdam as headquarters, and has founded a large and influential Society for the Promotion of State Registration, for which it is steadfastly working. The leading nurses are supporting the woman suffrage movement as fundamental to changed conditions of education and of work for women.

BELGIUM.

In Belgium, where a form of registration, under Royal edict, is in force, we read that "elementary though it be, the Belgian state registration has already had a salutary effect in stimulating training efforts." There are several schools now which are endeavouring to train lay nurses on modern lines, and the Training School at the Hospital of St. John in Brussels "is under the control of the city administration, and bright hopes for its future now seem justified—and the school directed by Miss Cavell is well past the experimental stage."

THE INTERNATIONAL COUNCIL OF NURSES.

SAN FRANCISCO, 1915.

Miss L. L. Dock has placed the arrangements for the trip to and from San Francisco to the Triennial Meeting of the International Council of Nurses and Nursing Congress in 1915 in the hands of the Frank Tourist Company, which is a very representative and able organization, in touch with all the leading American and foreign railroad and steamship lines, and which has corresponding offices in London, Preston, Liverpool, Edinburgh, and Glasgow. The Mr. Frank who has our affairs in hand has a sister a nurse, and is prepared to take no end of personal trouble on our behalf. The Itinerary submitted by the Frank Company would provide for a most delightful tour from Liverpool to Montreal by steamer, and a nine-days' sightseeing tour by rail to the Congress, sleeping in the car and spending the days seeing wonders all the time, beginning with Niagara. The return journey by another route would be equally fascinating, including wonderful Washington and Mount Vernon at the end of our travels.

Miss Dock writes: "For the land trip we will charter either a car or a whole train. The 'tourist' sleeping-cars are very nice if you have only your own people on board. There is accommodation for light cooking. This is a great saving of expense. I think this is quite hopeful."

In our Silver Jubilee Number, to be issued on the 19th inst., we hope to give some idea of the cost of this trip and the routes proposed. As soon as the Dublin Conference is over, a sub-committee of the National Council of Nurses will be formed to organize the whole trip to San Francisco and back; so that the cost may be curtailed by co-operation, as much as is consistent with comfort. The suggestion to go by Canada and get a glimpse of its glories, and back through the magnificent centre of the United States, will, we feel sure, commend itself to those who want their money's worth.

OUR SILVER JUBILEE NUMBER.

In our forthcoming issue on the 19th we ask our readers to study carefully the particulars of the Itinerary to the International Congress, and help to make it known throughout the nursing world by ordering extra copies (see advertisement, page xiii), and forwarding them to all nurses and others likely to be interested in the great international movement. We are pleased to note in the last

issue of *The Canadian Nurse* that the members of the Alumnae Association of the Winnipeg General Hospital are thoroughly alive to the importance of co-operation, and they have already discussed the question: "Should there not be a large representation of members at the Triennial Conference of Nurses to be held at San Francisco in 1915?" "If every Association of Nurses," advises the *Canadian Nurse*, "will plan, and early, that the plans may be mature, to contribute its quota to the Congress of 1915, the help and inspiration to nurses all over the world will be inestimable. In no other way can the Congress accomplish all its desires."

Our Canadian cousins can meet us at Montreal, "and so, so together we go," as the fairy tale has it.

THE PREMIER AND NURSES' REGISTRATION.

The Prime Minister, in reply to a request from Mr. R. C. Munro Ferguson, M.P., has stated that he will be very glad to receive a deputation from the Central Committee for the State Registration of Nurses, in support of the Bill now before Parliament.

The text of the Nurses' Registration Bill, the object of which is to regulate the qualifications of trained nurses, and to provide for their registration, has been printed and circulated as a Parliamentary Paper. The Memorandum agreed to recently as a preface to the Bill, by the Executive Committee of the Central Committee for Nurses' Registration, was considered somewhat too argumentative by the Clerks—so it was slightly reshaped by Mr. Munro Ferguson, and in this form will be found attached to the Nurses' Registration Bill, which can be obtained from Wyman & Sons, Fetter Lane, E.C., and 32, Abingdon Street, S.W.; or Oliver & Boyd, Tweeddale Court, Edinburgh; or E. Ponsonby, 116, Grafton Street, Dublin, price 2d.

THE REGISTRATION OF NURSES IN SCOTLAND.

The annual meeting of the Association for the Promotion of the Registration of Nurses in Scotland was held on March 26th in the Christian Institute, Glasgow. There was a large attendance. Lord Inverclyde, President, occupied the chair, and among those present were Dr. D. J. Mackintosh, Professor Glaister,

Dean of Guild Roxburgh, Dr. J. M'Cubbin Johnston, Miss Gill, Miss Graham, Miss Melrose, and Mr. Anthony S. Murray. Apologies for absence were intimated from Miss Davidson, Edinburgh; Miss Peebles, Stirling; Miss Gregory Smith, Glasgow; Dr. Livingston, Dumfries; Dr. J. Crawford Renton, Glasgow; and Sir James Affleck, Edinburgh.

Dr. D. J. Mackintosh submitted the annual report, which stated that the Nurses Registration Bill had not yet found a place in the ballot, but Mr. R. C. Munro-Ferguson, M.P., was willing to take charge of it, and it remained for them to be on the outlook and take every opportunity of impressing on those who were still opponents of the registration of nurses that the principles underlying the registration movement were in the interests not only of the nurses themselves, but of the general public who made use of their services. Since last year 358 nurses had joined the Association, and the total membership was now 2,644. Dr. J. M'Cubbin Johnston, Honorary Treasurer, submitted the financial statement.

The Chairman said that it was satisfactory to learn that there was some prospect of the Prime Minister receiving a deputation regarding the movement for the State Registration of Nurses. Some attention had been directed to the question whether nurses should wear uniform outside infirmaries and homes in which they were engaged. He sympathised with those nurses who did not think that they should be asked to wear uniform out of doors.

Professor Glaister moved that the reports be adopted. He congratulated the Association upon its continued virility. The need for the Registration of Nurses was more clamant than ever. Until nurses were registered in a suitable way, they would be unable to differentiate between a duly qualified lady who had been trained and a person who put on a nurse's uniform and posed as a nurse for any purpose.

Miss Gill seconded, and the reports were adopted.

Dean of Guild Roxburgh moved that the present Acting Secretary, Hon. Secretary, Hon. Treasurer, and the Executive Committee be appointed to watch the progress of the Nurses Registration Bill through Parliament, and take such action as they considered necessary in the interests of the members of the Association; and that Lord Inverclyde and the Hon. Secretary, Dr. D. J. Mackintosh (failing whom Professor Glaister), be appointed to join the proposed deputation to the Prime Minister.

Miss Graham seconded, and the motion was adopted.

PRACTICAL POINTS FROM OUR EXCHANGES.

To Mend a Split Higginson's Syringe.

When, as sometimes happens in remote places, a Higginson's syringe splits and cannot be replaced without delay, a new lease of life may be supplied to it by cutting off the defective portion of the tube and joining on a length of rubber tubing by means of a glass rectal nozzle. With some syringes it is necessary to remove the valve from the broken tubing and insert it in the fresh piece attached.

How to Treat Fruit for Patients of Low Vitality.

Many patients of low vitality and poor circulation, who would benefit by eating a piece of fruit early in the morning or late at night are unconsciously deterred because the cold fruit chills them. This difficulty may easily be obviated by pouring half-a-pint of almost boiling water over the fruit and allowing it to stand for three or four minutes. This removes the chill without injuring the flavour. It also facilitates the paring process, and in the case of oranges, lemons and grape fruit it promotes the flow of juice.

FROM THE "NURSING JOURNAL OF INDIA."

Glycerine Disguises Nausea.

No substance is equal in power to glycerine in disguising nauseous medicines. Castor oil, turpentine, solutions of iron and various other medicines can be diluted and at the same time almost completely disguised by glycerine. The secret of taking unpleasant medicines without tasting them lies almost entirely in removing all traces of the drug from the mouth before drawing a breath after swallowing it. For cleansing the mouth after castor oil or other oils, probably nothing is better than chewing up and spitting out a liberal quantity of bread. Do not, however, as one nurse did, bring the bread to the patient *spread with butter*.

Medical Treatment of Ingrowing Nails.

Free application of dry powdered alum is sufficient to cure every case of ingrowing nail in about five days, says an exchange. The applications are never in the least painful, and the destruction of the pathologic tissue results in the formation of a hard, resistant and non-sensitive bed for the nail, a perfect cure for the ingrowing tendency. The non-toxicity of the alum, its easy application and the good results render it the treatment of choice for cases in which surgical treatment is not contemplated. A fomentation of soap and water is applied for twenty-four hours beforehand, and then the alum is applied in the space between the nail and its bed, tamponing with cotton to keep the alum in place and repeating the application daily. The suppuration rapidly dries up, and pain and discomfort are relieved almost at once."

LEAGUE NEWS.

The annual meeting of the Central London Sick Asylum Nurses League, Hendon Branch, was held at the Hendon Infirmary on Friday, March 28th, at 4 p.m. In spite of the inclemency of the weather, there was a fair percentage of members present. The usual business of the League was discussed, the Treasurer's report being most satisfactory. The President reported on the dissolution of the Central London Sick Asylum district owing to the Strand and Westminster Unions amalgamating with St. George's, Hanover Square, and St. Giles' Union taking over Cleveland Street for their own sick poor. It was decided that this need not affect the League at present.

At the conclusion of the meeting tea was served in the Nurses' Recreation-room, and the guests entertained by the President, Miss Elma Smith, who is always a charming hostess. During tea the music rendered by members of the present nursing staff of the asylum was much appreciated.

EXAMINATIONS.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, E.C.
TRAINING SCHOOL FOR TUBERCULOSIS
NURSES.

We are very glad to learn that the Post Graduate Course for Trained Nurses, recently inaugurated at the Royal Hospital for Diseases of the Chest, City Road, E.C. in connection with a Training School for Tuberculosis Nurses, is proving that it meets a need, and that the course just completed has been a success. The following Nurses have passed the examination, and obtained the certificate given by the hospital: Misses Bourdillon, C. O. Cazalot, E. C. Chauner, M. Egestorff, E. A. Meads, E. J. McHardy, E. Pulman, M. Payne, M. E. Pocock, E. Rosier, A. Sowden, and F. E. Wise.

The next Course of Lectures will be given in October. Practical Tuberculosis Dispensary Work and Health Visiting can be taken immediately, and in the intervening months, on application to the Matron.

THE DUBLIN CONFERENCE AND
EXHIBITION.

In answer to several letters received, all information concerning the Conference on Nursing and Exhibition organised by the National Council of Nurses, in conjunction with the Irish Nurses' Association, which is affiliated to it, will appear in this JOURNAL as soon as the arrangements are settled. The dates of the meetings are from June 4th to 6th.

Next week we shall announce the competition for prizes in connection with the exhibition.

APPOINTMENTS.

MATRON.

North Surrey District School, Anerley, S.E.—Miss G. E. M. McNeil has been appointed Matron. She was trained at the Dumfries and Galloway Royal Infirmary, and at St. Bartholomew's Hospital, London; and has held the positions of Home Sister at the Infirmary, East Dulwich Grove, S.E.; Assistant Lady Superintendent, at the Royal Infirmary, Liverpool; and Matron of the New Hospital for Women, Euston Road, London.

Cottage Hospital, Hayes, Middlesex.—Miss A. M. Hawkins has been appointed Matron. She was trained at the Camberwell Infirmary, and has held appointments in Australia and New Zealand, and has also been Sister at the Camberwell Infirmary.

The Hospital, Malvern.—Miss J. Margaret Akerigg has been appointed Matron. She was trained at the London Hospital, where she has held the position of Sister. She has also been Sister at the Rutson Hospital, North Allerton, and is a certified midwife.

The Hospital for Women, Nottingham.—Miss Edith M. Parsloe has been appointed Matron. She was trained at the Kensington Infirmary, London, and amongst various appointments held has been Sister at St. Pancras Infirmary, Assistant Matron at the Shirley Warren Infirmary, Southampton, and the Royal Infirmary, Wigan, and she has been Matron of the Women's Hospital, Hull, and of the Woodlands Convalescent Home, Rawdon, near Leeds.

NIGHT SISTER.

General Hospital, Newark-on-Trent.—Miss J. Williams has been appointed Night Sister. She was trained at the Royal Infirmary, Oldham, and the Seacroft Hospital, Leeds, and has been Staff Nurse at St. Mary's Hospital, Manchester, and has done Sister's duties at the Samaritan Hospital, Liverpool.

Seacroft Hospital, Leeds.—Miss Bessie Fieldhouse, has been appointed Night Sister. She was trained at the Salop Infirmary, Shrewsbury, and the Monsall Hospital, Manchester, and has been Sister at the City Hospital, Fazakerley, Liverpool, and at the Lincoln County Hospital.

SISTER.

Richmond, Whitworth and Hardwicke Hospital, Dublin.—Mrs. Mary Scully has been appointed Sister. She was trained at King's College Hospital, London, and has been Ward and Theatre Sister at the Children's Hospital, Paddington, Temporary Ward and Night Sister at St. Mary's Hospital, London, and Night Sister at Mercer's Hospital, Dublin.

QUEEN ALEXANDRA'S IMPERIAL MILITARY
NURSING SERVICE.

Sister Miss Edith Foster resigns her appointment (April 1).

The following ladies to be Staff Nurses:—Miss Elizabeth Spence Riddall (Sept. 4, 1912), Miss Paula Mally Rhenius (Sept. 14, 1912).

QUEEN VICTORIA'S JUBILEE INSTITUTE.
ASSISTANT COUNTY SUPERINTENDENT.

Miss Amy Kate Baughurst is appointed to Somerset, as Assistant County Superintendent. Miss Baughurst received general training at Salisbury Infirmary; midwifery training, at Three Towns; and district training, at Chelsea. She has since held several appointments under the Queen's Institute, including that of temporary Assistant Superintendent of the Devonshire County Nursing Association.

TRANSFERS AND APPOINTMENTS.

Miss Martha Carter is appointed to St. Ives, Hunts.; Miss Vera Clarke, to Buxton; Miss Margaret Halpin, to Loughborough; Miss Charlotte Martindale, to Accrington; Miss Margaret Rolph, to Truro; Miss Elsie May Smith, to Ilkeston; Miss Winifride Smith, to Helston; Miss Hannah Sunter, to Exeter; Miss Violet Thurston, to Grantham; and Miss Emily Turner, to Brixton.

PRESENTATIONS.

At the annual court of governors of the Royal Sea Bathing Hospital at Margate, Lord Biddulph presiding, Mrs. Hannay (the Matron-Superintendent), was presented by the directors with a beautiful gold bracelet-watch, upon her retirement from office, as a mark of their appreciation for the devoted manner in which she had performed her very onerous duties.

Nurse Wright, of Derby, who recently gave a course of lectures on sick nursing at Wirksworth, has been presented with a case of silver teaspoons and sugar tongs, subscribed for by members of her late class.

THE PASSING BELL.

It is with sorrow we have to record that Nurse Hilda Bird (a member of the nursing staff of the Royal Free Hospital, W.C.), passed away, after only a few days' illness, on March 26th.

She was at the end of her third year of training; and was looking forward to entering for her final examinations, and gaining her certificate after loyal and efficient service. Her unflinching kindness and thoughtfulness towards her patients will long be remembered by those who came under her care.

Her whole illness was so rapid that it is still difficult for her colleagues (by whom she was much beloved), to realize she is no longer one of their happy number.

The funeral took place from the hospital, the first portion of the service being held outside the little mortuary chapel. Many beautiful wreaths were sent from members of the hospital.

NURSING ECHOES.

Those nurses who have followed with interest the fine work of Miss Dorothy Snell, the Matron, and the staff of English nurses at the Polielinico Hospital, Rome, will be glad to know that King Victor Emmanuel and Queen Elena have recognized their services in training Italian probationers, during the last three years, by receiving them in audience with their Italian pupils.

Dr. Bastianelli bore warm testimony to the work done by Miss Snell and the nurses at the Polielinico, which is regarded as a centre from which competent trained Italian nurses will go forth to all parts of the kingdom. The Queen personally presented to each of the English nurses a medal bearing her initial, and the Italian tricolour; and to the Italian nurses their certificates and badges, in the presence of the Princess Doria and others interested in the school.

Miss Snell was trained at the London Homœopathic Hospital, and subsequently worked as a private nurse on the Registered Nurses' Society, London, W. She also had experience of Army Nursing during the South African War.

We are glad to hear that Queen Victoria's Jubilee Institute for Nurses has received a donation from the Royal Oak Benefit Approved Society, whose Committee has now under its consideration arrangements for the provision of nursing for the members of its Approved Section by the Nursing Associations connected with the Institute. We consider that Queen Victoria's Jubilee Institute is quite the right body to undertake the nursing of the insured sick, provided that Queen's Nurses only are employed for this work. The insured sick pay for the benefits they receive, and no less a standard than that of the fully trained Queen's Nurse should be accepted by Approved Societies.

Mr. W. J. Dutton, of Nantwich, lectured last week to an interested audience of nurses at the Royal Infirmary, Liverpool, on "Florence Nightingale." Mr. Ralph Brocklebank, a former President of the Infirmary, in introducing the lecturer, referred to Miss Nightingale's connection with it. Through the late Mr. William Rathbone and others, her system was introduced first into the Brownlow Hill Workhouse, and afterwards into the Royal Infirmary. In 1864 a house was taken in Ashton Street as a Nurses' Home, and that Home and the

Nursing Institution were the pioneer institutions in the country.

Mr. Dutton, in the course of an interesting lecture, said that the Queen of Nurses seemed to have derived her determination and hatred of red-tape from a great-uncle, "Madman Nightingale," her enthusiasm and love of discipline from her father, and her philanthropy and domesticity from her mother. At Kaiserswerth she gained the ability of a nurse, the spirit of a deaconess, and an endowment by God for service on behalf of humanity.

It is alleged that the Matron of the Moseley Hall Convalescent Hospital, Birmingham, is in the habit of cutting up, or allowing the maids to cut up, new articles of clothing sent by the public for the use of the patients, to make dusters and dummy clothes. We may point out that the public have a preference for their gifts to be utilised for the purpose for which they are donated.

At a meeting of the Conway Board of Guardians, the Clerk said that Welsh-speaking nurses seemed to be more precious than diamonds, so that the requirement had been left out of the advertisement for an assistant nurse. But two patriots insisted upon its insertion, one remarking that they were living in Wales, and had a right to have their language spoken.

The sensible remark of a third, that what they required was skilled nursing for the sick, was of no avail. To be eligible the nurse must speak Welsh.

The proposal in France to re-enforce the law of three years' military service for men has led to the proposal that every woman of twenty years of age shall be required to undertake six months' nursing service in hospitals, and to serve for three weeks yearly thereafter up to the age of forty-five—women with children under seven years of age, or with more than three children, to be exempt. The Society of the Women of France, one of the Red Cross organisations, estimates that during war 40,000 men who would be required for field hospitals might be set free for the fighting lines if women could be found to replace them.

Within the last few years, as is well known, nuns have been expelled from the wards of French hospitals. It now appears likely that, in some instances at least, they may be reinstated. A member of the Paris Municipal Council has proposed this course, and it seems likely to find acceptance. One point urged is

that the nuns are content with £8 a year, whilst the lay nurses receive from £50 to £60. Against this must be reckoned the fact that wage earners must be dependent on a "living wage" to keep them off the rates, and that it is false economy in anyone to whom board and lodging are assured, religious Sister or otherwise, to undersell the worker.

At the quarterly meeting of the Scottish Council of the Queen Victoria Jubilee Institute for Nurses, the report on the past three months' work was submitted. It stated that the Council were directly responsible for eight Queen's nurses and nineteen probationers receiving instruction in the Training Home. Nine nurses had completed training, and had been engaged for district work at Clydebank, Stevenston, Bellshill, New Galloway, Fauldhouse, Hamilton, and Strathkinness. New branches had been formed at Niddrie, Stevenston, New Galloway, Fauldhouse, Grantown-on-Spey, and Fochabers. One hundred and forty-three visits of inspection had been made and reported on to the Executive Committee; 1,767 cases had been nursed in Edinburgh by the nurses from the Training Home, necessitating 30,474 visits, and 573 cases remained on the books at the end of the quarter. Miss Peterkin had taken up her duties as Superintendent for Scotland.

The managers of the Hawick Cottage Hospital have shown their sincere sympathy with the Matron, who sustained a serious accident which deprived the hospital of her services for some time, by making her a compensatory grant of £100, half of which was paid by the insurance company, whose liability was cordially acknowledged.

On March 26th Dr. Moorhead gave a most interesting lecture on "Massage for Diseases of the Nervous System," a continuation of the former one on the same subject. The audience was composed mostly of masseuses. The chair was taken by Miss Reed, and a cordial vote of thanks to the lecturer, proposed by Miss Hogg, was carried by acclamation.

We understand that the "village nursing" scheme is on the *tapis* again in Ireland among the "United Irishwomen," and also that the Marchioness of Headfort is arranging a theatrical entertainment for the fund for training village maternity nurses for rural Ireland. We may point out that the sick poor in rural districts need just as skilled care, or even more so, as those in towns and cities, and, further,

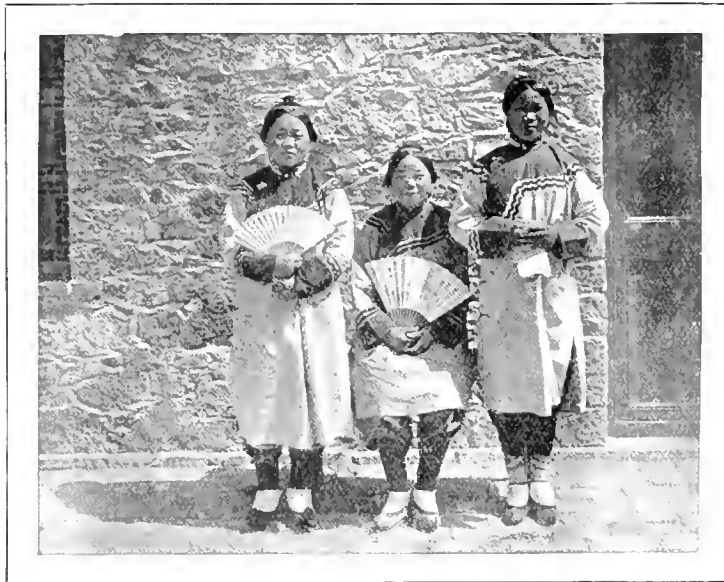
that to employ partially trained nurses because they are cheap, will inevitably be prejudicial to the financial stability of fully trained district nurses, and encourage inefficiency and sweating. We hope the Irish Nurses' Association will use its influence to prevent the depreciation of district nursing standards in Ireland.

Our charming picture of three nurse probationers at St. Agatha's Hospital, Ping Yin, in North China, demonstrates the growth of trained nursing there. Both the first European and the first Chinese martyr to suffer death in the Boxer rising of 1899 died near Ping Yin, and, when the St. Stephen's Memorial Church was finished, the Medical Mission, which had formerly occupied a mud hut, was able to move into the old church. Now it is well housed in an admirable building planned by, and built under the personal direction of, Dr. Margaret Phillips, and its timely help is gratefully welcomed by the people of Ping Yin. This story, and

many others of equal interest, are told in "The Claim of Suffering," a plea for medical missions, by Elma K. Paget, published by the S.P.G. We are indebted to the Society for permission to publish this picture, which, we are sure, will give pleasure to many of our readers.

The *British Australian* states:—From Australia we hear of the installation of the first English nurse, Miss Amy Brown, sent out to undertake Bush Nursing, under Dr. Barrett's advice. Miss Brown spent a fortnight in Melbourne, where she learnt to ride, and expressed herself as delighted with all her new experiences. She has been placed at Dargo, a very progressive but decidedly "out-back" district

in Gippsland, and was accompanied thither by Lady Fuller, Dr. Jean Greig, Dr. Edith Barrett, and Miss D. Michaelis. The installation ceremony included a church service, and the christening of two new little Gippslanders, to both of whom Lady Fuller stood godmother. While Dr. Barrett was in England he was simply overwhelmed with applications from nurses who wished to go to Australia. The rates paid to nurses are not much higher, on the whole, than in England, but the work is constant, and no nurse need ever fear slack months or weeks; her anxiety, indeed, in the Commonwealth, is to snatch some time for a very necessary holiday each year. At Darwin it was related some time back that it was quite



THREE NURSE PROBATIONERS AT ST. AGATHA'S HOSPITAL, PING YIN.

impossible to keep the hospital with a sufficient staff of nurses, as they married within a very short time of their arrival. Nursing homes, hospitals, and bureaux in Melbourne and Sydney positively refused to send away more nurses to the territory, as they said they could not go on supplying such a constant

demand. The mother country appears to be rising to the occasion, but it is quite possible she too may rebel after a while.

It is reported in *Una* that it is probable that the intended steps to give practical effect to a bush nursing scheme will shortly be announced. The system will probably be extended through the agency of the country hospitals. The idea is to make each hospital the centre of a district. The hospitals will be endowed to establish a maternity ward for cases incapable of treatment in the bush, and to provide a couple of trained district nurses to visit remote but uncomplicated cases. Probably each hospital would have to maintain a motor car to take the nurses to cases and to bring them back.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

H.R.H. the Prince of Wales has increased his subscription to the Cornwall County Nursing Association to £20.

Sir William Treloar, who has done so much for the Hospital and College for Crippled Children at Alton, which bears his name, is appealing on behalf of the Trustees for £10,000 to build and equip a new Nurses' Home, to be known for all time as the Queen Alexandra Nurses' Home, as an expression of devotion and gratitude to Queen Alexandra, in recognition of Her Majesty's great and sustained interest in the work at Alton and, in particular, of her kindly thought, so often exhibited for the nurses who work there.

Queen Alexandra has sent £100 to the fund to establish the Queen Alexandra Nurses' Home at the Lord Mayor Treloar's Cripples' Hospital at Alton, Hampshire.

Mr. H. J. Tennant, M.P., presided recently at the annual meeting of Governors of the Great Northern Central Hospital. The annual report showed that the work of the hospital had steadily increased. Acknowledging a vote of thanks to the Ladies' Committee, Miss Roby said they were willing to work on behalf of the Nurses' Home, which she hoped would soon be an acquisition to the hospital. She hoped the Governors would assist the Ladies Committee in their efforts.

The Earl of Lonsdale is appealing for £70,000 for Charing Cross Hospital, £62,000 to clear the mortgage debt and the balance to be used for reopening five closed wards to patients able to make a weekly payment of £2 2s.

Miss K. L. Ray, Matron of St. Mary's Hospital, Plaistow, E., is appealing eloquently in the press on behalf of her Million Pennies Fund to provide a home for the nurses. She states that their cubicles are wooden structures immediately under a slate roof, and too small to have washstands placed in them.

It was found necessary recently to close the Coventry and Warwickshire Hospital to visitors, as the house surgeon and several members of the nursing and domestic staff had contracted diphtheria.

The managers of the Hounslow Hospital have appointed a lady to act as dispenser at the new hospital.

Both the Birmingham General Hospital and the Nottingham General Hospital report a serious diminution in receipts from the Hospital Saturday Fund owing to the Insurance Act, and at the annual meeting of the former institution Mr. J. B.

Clark, a governor, expressed a desire to see paying beds arranged for in the Hospital. If this were done it would, he said, increase the income of the institution by a thousand pounds a year. It must, however, be remembered that it would also increase the outlay; for beds for paying patients must be run on different lines to those in general wards, and increased expenditure, if patients are to be satisfied, is necessitated on nursing, food, and domestic service.

The Leeds Trade and Labour Council have expressed their sympathy with the Women's Labour League in their effort to obtain representation on the Board of the Leeds General Infirmary and have instructed their Executive to consider the general question of the representation of workers on the Board.

THE MENTAL DEFICIENCY BILL.

There has been a complete re-arrangement of the clauses of the new Mental Deficiency Bill, which was issued on Monday night. The clause forbidding marriage with a defective is omitted; and it is provided that orders relating to a defective made, on petition, by a judicial authority can be made only if the authority thinks it desirable to do so in the interests of the defective. This Bill is of very far-reaching importance to the community generally; and it is to be hoped that it will not pass in the present emasculated form.

HORLICK'S FEEDING BOTTLE.

Nurses and Midwives should note that the Horlick Malted Milk Company, of Slough, Buckinghamshire, have introduced an effective form of feeding-bottle, which is likely to displace old-fashioned and unsatisfactory varieties which still linger, unfortunately, to the digestive undoing of many a baby. Horlick's Feeder possesses many advantages. It can be opened at both ends, so enabling the whole bottle to be thoroughly flushed out; it possesses no corners or angles in which dirt or decomposing curds may linger; it is graduated



so that the quantity prepared and the amount actually taken can be accurately estimated. It also has the great advantage of being fitted with a solid glass valve. There are no india-rubber attachments. The Feeder is thoroughly effective in action, requires but little regulating, does not leak, cannot clog, and there is no danger of the infant deranging the bottle. The "ideal valve" allows for the even entry of air behind the column of milk, and so "wind-colic" is prevented. When hand-feeding has to be resorted to this Feeder will be found thoroughly efficient. It is supplied complete at 1s. 2d.

THE SOCIAL INSURANCE ACT OF GERMANY.

On Thursday, March 27th, Dr. Barty King lectured, under the auspices of the Nurses' Social Union, at the Institute of Hygiene, Devonshire Street, W., on the "lessons to be learned from the Social Insurance Act of Germany, with special reference to the Crusade against Disease."

The lecturer said that if the subject was to be of interest and profit it was necessary to devote some attention to the nation and its people who had been pioneers in this question of Social Insurance for thirty years. The recent progress of the German nation has been almost unparalleled both in regard to national prosperity and in increase of population. It has the finest army in the world, and the second finest navy. Its prosperity was raised on the health of the nation which had made the greatest sacrifices to maintain and strengthen health. The principle of social insurance had taken root before legislation was enacted, and when the State stepped in the German people took to the State scheme as ducks take to water. The quality of their independence differs from ours. They look upon what they receive from the State as theirs by right, and have adapted scientific facts to meet their social need. We are apt to look upon State aid as a form of pauperism.

In Germany State Insurance deals with sickness, accident, old age, and invalidity. Accident insurance was dealt with in 1885, Old Age and Invalidity in 1891. Subsequently the two Acts were united under the Insurance Consolidation Act. Pensions are also provided for salaried employees and their dependents.

The sickness insurance protects the health and strength of the workers. At first domestic servants and agricultural labourers were excluded from this. Besides the compulsory insurance, a voluntary form is open to several classes. In connection with the former, two-thirds of the contributions are paid by the workpeople and one-third by the employer. With the latter the whole amount is paid by the insured person.

Dr. Barty King emphasised the fact that under our own National Insurance Act approved societies may appoint nurses to visit and nurse insured persons. This was, he said, of incalculable benefit from an educational point of view.

In Germany the societies have the power to erect and maintain hospitals, as well as to give home care, but as a rule patients are sent to the Municipal hospitals. In regard to maternity benefit, we are, said the lecturer, far ahead. As to medical service, there is controversy in Germany as here, both over the free choice of doctors and the method and amount of payment. The German Government, he believed, would never give in in regard to the free choice of doctors, concerning which there were bitter disputes and open conflict.

In 1910 there were fourteen millions of insured persons in Germany.

The lecturer emphasised the fact that the object of the German Insurance scheme was the care and maintenance of the sick, the treatment of injuries, and permanent provision for old age. A most important side of the work was that concerned with prevention. Good health without payment of insurance benefits, instead of payment while incapacitated, and long life with employment instead of ill-health and unemployment were desirable alternatives.

In Germany the Pensions Board worked with the goodwill of the working classes. In regard to curative measures, expense was a secondary consideration. Referring to one of the institutions for insured patients which he visited in Germany, Dr. Barty King spoke of the luxury as almost unbelievable. He thought it would stimulate malingering, but he was assured that there was no trouble of that kind.

Under the Social Insurance Scheme in Germany power was given to inspect dwellings and to deal with public health and sanitation. Educational work was also undertaken, and lectures were given by medical men, for instance, in relation to alcohol and its effect on the spread of tuberculosis. There was also power to treat compulsorily any insured person.

Germany lagged behind in the provision of places for incurables; but in regard to tuberculosis, we were far behind in this country. The town of Charlottenburg has adopted ideal measures for controlling it. Dr. Barty King then described the "Forest Resorts," in a rural spot, easily accessible to a town—some six or seven miles distant—to which people not very well went out between seven and nine in the morning, and returned to their homes at seven at night, after enjoying in these cheaply-managed resorts good food and open-air life throughout the day.

A result of all the care and expense taken in relation to insurance in Germany was that the mortality in fifty years had fallen fifty per cent., being largely due to preventative measures, and to the better housing of the people. The aggregate cost to the community had been 53½ millions, apart from the State gifts; yet Germany was going ahead, and her population had increased from 49 millions in 1890 to 63½ millions in 1909.

To sum up, some of the effects of the Social Insurance Scheme were increased health, increased working capacity, a higher moral tone, as the result of relief from caring care and need.

Germany was forging ahead, and was one of the first nations in the world. It was the fashion in some quarters to fear Germany—his opinion, after visiting the country, and studying the insurance scheme, was that we should respect her. On the whole she owed more to us than we to her; but we should study her, and where possible learn from her.

LEAGUE JOURNALS.

The *Journal of the Cleveland Street Nurses' League* is always remarkably well got up—paper and printing the pink of perfection. In the recent issue the matter is also very good. In "Medical Electricity," Dr. Agnes F. Savill gives some "Simple Rules for Nurses." She says wisely of *The talkative Nurse*: Before commencing the application of electricity, the nurse must concentrate her mind on the preparations detailed below. The human element in Nursing is strong; and, rightly understood, this element is a factor conducive to the good of the patient. Good temper, tact and sympathy, gentleness and repose of manner are great assets. Repose of the mind is essential for the patient during the application of the galvanic current. A fidgety and excitable nurse will evoke a disturbance of the circulation of the patient, which negatives the sedative effect of the current. It has been proved by experiment that the emotions of anger, worry, fear or joy, create alterations in the blood pressure which, by themselves, cause deflections of the galvanometer. These facts prove the importance of what has always been empirically believed that, for the best results of galvanic application the mind of the patient should be at ease. Thus, it is evident that too much talking interferes with the benefit of the treatment. Again, a nurse who is drawn into conversation while preparing the details, cannot devote her attention to those details, and one or more of the common errors are made, and by sheer force of habit are repeated in subsequent sittings, and perhaps are not discovered until after many applications the physician finds no improvement in the patient's condition."

A most instructive paper follows.

The International note is touched in the paper; and charming pictures contributed by Mlle. P. Hellouin (a pupil in the celebrated *Ecole des Infirmières de l'Assistance Publique de Paris*), which is under the direction of M. André Mesureur; and Mlle. C. Clement (the Matron), Mlle. Grenier (the Superintendent), and five *monitrices*. We are glad to note, on the cover of the journal, that the affiliation of the League with the National Council of Nurses, and thus with the International Council—is notified. Thus, in visiting other countries, the members of the Cleveland Street Nurses' League may claim and would receive a professional and sisterly welcome from members of National Associations of Nurses. In Paris the greatest courtesy is always extended to nurses by the *Assistance Publique*.

CHARGES OF CRUELTY.

At Mortlake Police Court, on Monday, Dr. H. T. Hamilton was charged with having taken charge for payment of a lunatic in an unlicensed house; and with having ill-treated her and another woman, a certified lunatic. Evidence was given by two nurses employed at the establishment, upon which we shall comment at the termination of the trial.

OUTSIDE THE GATES.

WOMEN.

The Dinner given in honour of Lady Strachey at the Lyceum Club on Monday evening was a really delightful occasion, inspired as it was by affection and regard for the guest of honour, who was evidently much touched and charmed by its Scottish character. Mrs. Arthur Phillip presided, and did the honours right royally, and what with pipers, tartans, and favours of white heather, it was difficult to realise one was on the wrong side of the Border. The following members of Lady Strachey's family were present: Mr. St. Loc Strachey, Miss Strachey, Mrs. Rendal, Mrs. Oliver Strachey, Mr. Trevor Grant, and Mrs. Grant.

The text of the Bill introduced into the House of Commons by the Home Secretary "to provide for the temporary Discharge of Prisoners whose further detention in prison is undesirable on account of the condition of their health," is appalling in its cold-blooded cruelty, but merely expresses in print the hatred and antagonism of many men towards women whose outlook on life is not bounded by the desire to be kept by members of the other sex. It is a disgrace to the country that a Minister of the Crown could be found willing to introduce such a Bill, and though British men will stand a good deal where the coercion of women is concerned, we shall be surprised if the House of Commons endorses Mr. McKenna's latest attempt at legislation, which is bound to fail just as other repressive measures have done.

The Bill provides that "if the Secretary of State is satisfied that by reason of the condition of a prisoner's health it is undesirable to detain him in prison, but that such condition of health being due in whole or in part to the prisoner's own conduct in prison, it is desirable that his release should be temporary and conditional only, the Secretary of State may, if he thinks fit, having regard to all the circumstances of the case, by order authorise the temporary discharge of the prisoner for such period, and subject to such conditions as may be stated in the order." If the prisoner fails to comply with the order or return he may be arrested without warrant and taken back to prison. The sentence is suspended from the day on which he is discharged from prison to the day on which he is received back again. The order forcibly reminds us of a cat playing with a mouse. When through the physical torture of forcible feeding a Suffragette has been reduced to such a precarious condition of health that the prison authorities fear for her life, and do not wish to have her die on their hands, she can be temporarily discharged, her jailors being secure in the knowledge that as soon as she has recovered sufficiently by outside treatment to stand further torture they can lay hands upon her at will and begin their fiendish work again. If the British nation will stand this kind of cruelty, then let them never again find fault with the Spanish Inquisition, for the two things are on a par.

BOOK OF THE WEEK.

THE NIGHT NURSE.*

To the mind of every nurse it will be at once apparent that this book is written from within the gates.

There can be no doubt of its genuine first-hand manufacture. The familiar hospital phraseology, the personality belonging peculiarly to that circle, the atmosphere surrounding the book from cover to cover, none of it overdone or strained, is set forth by one who knows, that is certain. To those whose hospital life has become a memory only it will stir the old eager and tender memories bound to be associated with the days when youth and enthusiasm went hand in hand with love and skill to conquer the enemy.

But it is not all praise that we have for this work. We are not prudish enough to suggest that a nurse may not rejoice in the love of an honest man as do her fellows; yet even if the ideal of love and marriage were kept at a high level we should still resent its apparent domination in the very precincts of the serious and sublime.

But what are we to say of the level to which love is reduced in these pages, and why we ask, should the writer have taken pains to reveal the sordidness and undisciplined adventures of members of a calling of which he is so evidently one?

But there is so much that is delightful, and so much to be regretted, that either unqualified praise or blame would be impossible.

Perhaps the key to the tone of this book may be found in the following extract:—"It is a fixed law of all hospitals, unalterable as that of the Medes and Persians, that nurses are not permitted to give supper parties to the residents on any pretence whatever. Such things are forbidden because it is the object of every matron to train her staff into a nun-like unconsciousness of man."

Surely it is a slip of the pen to find the illicit entertainments given by a night nurse, Nurse Otway (known as "Otter," and so addressed by the residents), as "pleasant *al fresco* suppers in the kitchen."

Here is a specimen of one of these entertainments:

"Half an hour later Connellan followed Fitzgerald into the kitchen with the cautious air of one who knows he has no plausible excuse, should the Sister be present. He was a house-physician, and No. 9 was a surgical ward.

Presently Nurse Otway "rustled in from the ward. 'Hello, Conn! Hello Fitz!'

"'I say! I've got no biscuits,' she exclaimed.

"'I think I know where I can raise some,' said Connellan.

"'Well, buck then!' said Fitzgerald, seating himself comfortably at the fire.

"'You're a very satisfying woman to look at, Otter,' he murmured, idly, breaking the silence.

"'So they tell me!' she answered, with a sidelong glance.

"'How is the love affair getting on?' he queried.

"'Which one?' she murmured, demurely.

"'Oh! the last; Bunny Rogers, wasn't it?'

"'Oh! that,' she pouted; 'I thought you meant—; that's all over a week ago; I've promised to be a sort of step-sister to him.

"'Can't make out why I am not head over ears in love with you myself, like most of the others!' he said, lazily."

Read the episode where the two men pretend to perform artificial respiration on the nurse, only stopped by the approach of "Night Sister."

Nurse Otway "rapidly cleared away the incriminating cups while the sound of skirts came swishing up the corridor.

"'Just in time,' she thought, with a sigh of relief, as the Sister entered—a thin, ascetic-looking woman, with sombre, melancholy eyes, suggestive of the soul, cold-blooded, fanatical within. Spectre-like she glided along the dim-lit corridors, which seemed to be her normal habit at night. She was so essentially of the shadows that it was only by a stretch one could imagine her living by the light of day."

This, unlike the rest of the book, does not ring true. After all, Sisters were once "pro's"—maybe, even charming "pro's."

We cannot quite believe that it is generally the custom for residents and nurses to address each other indiscriminately by their Christian and nicknames.

Here is another instance:

"The buzzer sounded clearly in the ward, bringing him sharply to himself by the call of duty! She watched his face. The professional mask had fallen over it. Everything else but the call in hand had been forgotten.

"'Good night, Otter,' he said, mechanically.

"'Good night, Fitz,' she answered, her eyes following him down the corridor, curiously."

Fitzgerald strikes at a truth, when he remarks:

"'Bother the matron, and all other women who overwork their fellow-women'; but he should have included a wider circle in his condemnation. Usually the Matron, where nurses are overstrained, is expected to make bricks without straw, and the committee is primarily to blame.

The heroine of the story is Nora Townsend, known as "The Duchess," for a certain aloofness.

H. H.

COMING EVENTS.

April 6th.—National Health Week begins. A crusade to make the public acquainted with the latest developments of hygiene.

April 22nd to 25th.—Annual Exhibition and Nursing and Midwifery Conference, Horticultural Hall, Westminster, London.

* By the Author of "The Surgeon's Log." (Chapman & Hall, Ltd., London.)

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

THE REGISTRATION OF HOSPITAL CERTIFICATES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am glad you sounded a note of warning in last week's JOURNAL on the suggestion by anti-registrationists to resuscitate the futile scheme for the "Registration of Hospital Certificates" instead of "Registration of Nurses." Now that the opposition realise that the present disastrous condition of nursing cannot for long be permitted to continue, I know for a fact that those who object to any degree of self-government being granted to nurses, intend to trot out and push the former silly alternative. We must be ready to fight the dangerous scheme with right good will, as we did before, and with our united organisation of English, Scottish, and Irish doctors and nurses combined in the Central Committee for the State Registration of Nurses we can do so successfully.

As the anonymous "Organiser" of the Nursing and Midwifery Conference, to be held in London from April 22nd to 25th has excluded Nurses' Registration from the programme, and has substituted "The Registration of Certificates" it is to be hoped that registrationists will be present in force when that Paper is read, and will express their views with no uncertain voice. I observe the names of several Matrons who profess to be registrationists, on the Conference Committee, although it is of course almost entirely composed of those who have for years opposed our demand for legal status. I think we have a right to know if these ladies have agreed to exclude State Registration from the programme, and if not, why they are there practically supporting the opposition. Such complaisance appears to me to be trifling with our professional interests. One can't serve God and Mammon.

I am,

Yours faithfully,

ELLEN B. KINGSFORD,

*Founder and Hon. Sec. Fallow Corner Home,
North Finchley.*

THE ABUSE OF NURSES' UNIFORM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In reference to the article on the Abuse of Nurses' Uniform, there seems to me a great deal of cant in this controversy.

In the first place may I ask the motive for its use. Is it a matter of professional pride or an

outward symbol of public service? If the latter, is not the St. John Ambulance Nursing Sister justified in wearing it, being trained, not merely to treat, but to some extent diagnose the nature of injuries which most frequently occur in the public streets. The professional nurse is least entitled to disparage the knowledge of a non-professional sister, when we read in your valuable journal of March 8th Miss A. M. Barton Tharle received first honourable mention for recommending for cases of fractured arms and ribs Sylvester's method of artificial respiration in suspended animation after submersion in water. Is this not a grave mistake? I am deeply interested in the honourable status of the nursing profession and deplore the middle-class nursemaids masquerading in your professional uniform, but I am sorry you are so intolerable where the distinctive dress is used by women trained for public service.

May I ask, also, why no objection is made to probationers, who are not yet qualified trained nurses, being permitted to wear the uniform, and yet this objection is made in reference to a St. John's nurse, who is not allowed to wear it until she has gained her certificates qualifying her for public service. On the one hand it is often a means of livelihood, and on the other a voluntary social service.

Yours faithfully,

P. BARTON.

Hatherley Gardens,
East Ham, London, E.

[The wearing of a uniform is neither in the first instance a matter of professional pride, nor an outward symbol of public service. A standard dictionary defines a uniform as "a dress of the same kind to distinguish persons who belong to the same body." Why should not the St. John Ambulance Association devise a workmanlike uniform distinctive of its members (whose services to the public are honourable and important) instead of claiming the particular form of dress distinctive of the nursing profession, and thus assuming to be members of it—which they are not. Orderlies of the Association render the same kind of public service as the women members, yet they have a neat and distinctive uniform of their own. They do not, for instance, claim the uniform of the police, and if they did they would probably be speedily "run in" by offended members of that force for false pretences. In regard to our correspondent's criticism of a correspondent in this journal advising Sylvester's method of artificial respiration in a certain case, we ask her to note that the case was not one of fractured arms, as stated by her, but arm, which makes a considerable difference, as in some cases of fractured arm and ribs it is quite possible for a skilful and experienced person to perform artificial respiration by Sylvester's method on the uninjured side while the other is kept immobile. If the patient does not respond to Laborde's method it is the only alternative, as both Schäfer's method and Howard's are impossible.—ED.]

AFTER A QUARTER-OF-A-CENTURY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—After a quarter of a century the daily press appears to be awakening to the fact that the Registration of Nurses is a question of vital importance to the public, as even our local papers have at last mentioned the subject. We have a great number of hospitals in Manchester, but the management of the majority is entirely in the hands of substantial men of very reactionary opinions so far as women's affairs are concerned. The Royal Infirmary is a splendid institution—and trains its nurses well—and yet the officials oppose any nursing standards being authorised by the State, or legal status for its excellent nursing staff, or the sick public being protected from the ministrations of many most ignorant and undesirable women who compete with trained nurses in Manchester. Why? Speaking with an M.R.I. nurse lately she said: "Of course, we shall register if the Bill passes, but we needn't bother, as we are safe." "Then you don't deserve to have the privilege," I replied, "as you have not done a thing or paid a penny to help the cause." In my opinion it is most mean to stand aside when others are working and paying for a privilege—which one intends to avail oneself of as soon as it is won. Nurses in Liverpool are a little more alive to their professional interests, but not much. Lancashire for once shows a very great lack of public spirit—where nursing reform is concerned—and its old proud boast of marching in the van of progress, where nursing organization is concerned, would be sadly out of place.

Yours truly,

M. T. GALLOWAY.

Manchester.

WOMAN'S WORK OF NO ACCOUNT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I should like an answer to that question asked by a correspondent last week, "As nurses are not allowed to work with quack doctors, why should doctors work with and recommend quack nurses?" It is certainly most unfair. I have lately returned from Australia; there the doctors are far more particular in supporting trained nurses than they are at home.

Yours sincerely,

KATE MUNRO.

Birmingham.

"In Australia a very good system of voluntary registration of nurses is in force. Here, the less training a nurse has the more capable she is assumed to be. We constantly observe medical men who would not touch a quack-medico with a pair of tongs—eulogising in the press women as "skilled nurses" of superlative perfection who have never been trained in a hospital at all! The truth is that nursing standards are entirely controlled by people the majority of whom *do not know what it means*. Incompetence, sweating, fraud and suffering are bound to continue where

there is no personal responsibility by professional nurses for their own work.—ED.]

"TRAINED BY HER OWN EXPERIENCE."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I suggest to my fellow nurses through the B.J.N. that whenever such cases of fraud as that described under the heading last week of "Trained by her own experience" are reported, that a copy of your paper marked should be sent to the Members of Parliament in the district in which they live. Such cases are, unfortunately, very common, and as constant dropping wears away a stone, our legislators may in time realise the extent to which the unfortunate public is victimised by women posing as trained nurses by wearing their uniform when on crime intent. If only we had the vote we could have compelled attention to the present disgraceful condition of affairs in the nursing world long ago, and greatly improved them.

Yours truly,

A DEVON MATRON.

[At the recent meeting in London to protest against the Misuse of Nurses' Uniform, Dr. Chapple made the suggestion that nurses should not write long letters to M.P.'s, but just enclose cuttings, or quite briefly draw their attention to matters which they desired to bring to their notice. We hope nurses all over the country will adopt this suggestion and prove how greatly the public need the protection which would be effected through the Nurses' Registration Bill.—ED.]

OUR PRIZE COMPETITIONS.

April 12th.—Mention the directions in which the waste of hospital property is likely to occur (a) in a ward, and (b) generally throughout the building.

April 10th.—What are the dangers (a) to the mother, (b) to the child, in a case where there is a purulent vaginal discharge at the commencement of labour.

April 26th.—Mention some of the uses of the skin, its condition in health, and some prominent features characteristic of disease.

THE SILVER JUBILEE NUMBER.**ORDER EARLY—PRICE 1d.**

On April 19th we shall publish the Silver Jubilee Number, and we invite our readers' assistance in making this a notable event. We shall hope for whole-hearted support in spreading THE BRITISH JOURNAL OF NURSING far and wide. Let every reader who appreciates what this Journal has done for the profession throughout the world make it her duty to bring its work to the notice of her colleagues by filling in the order form for extra copies, to be found on page xii of our advertisement pages, and returning it to the manager so that we may estimate how many thousands of extra journals will be required.

The Midwife.

THE ROYAL MATERNITY CHARITY.

The Royal Maternity Charity of London has just published its annual report for 1912, which is a very complete record of the work and proceedings of the Society for the past year.

The Secretary (Major Killick) has evidently the bump of order, and the names and addresses of the medical and nursing (surely it should be midwifery) staffs in the districts connected with the charity, as well as the chemists, are clearly set out, after the consulting physicians and physician and consulting midwife. We do not remember another instance of an appointment to the last-mentioned position, but this is held in connection with the Royal Maternity Charity by Mrs. Macdonald (late maternity nurse to H.H.M. the Empress of Germany), who is highly competent to fill it with distinction. We note that there are few districts in London and the suburbs in which the midwives of the Charity are not to be found at work.

In connection with the Training School for Pupil Midwives, instituted in 1810, the matrons are Mrs. Owens and Miss Anna Hill. They receive pupils in their houses, give them the practical and theoretical instruction necessary according to the rules of the Central Midwives' Board, for three months, or longer if desired, during which time these pupils attend lectures twice a week.

HISTORY, OBJECTS, AND WORK OF THE CHARITY.

The following items are taken from the history of the Charity, by the Secretary, included in the report:—

The Royal Maternity Charity of London is one of (if not the) largest and oldest of its kind extant. It was founded in the year 1757, in the reign of His Majesty King George the Second, by some benevolent City merchants.

In its first year of existence the Chairman and Committee used to meet once a month at the "East India Coffee House" to discuss the affairs of the Charity and to dispense its benefits. In that year 35 poor women were helped through the time of their trial. The utility and necessity of such a charity quickly made itself apparent, and in 1760 the number had grown to 135 cases treated in that year. After the Charity had been in existence ten years the number helped amounted to over 2,000, until in 1821 the "record" was reached of 5,733 cases in the year. Since then the numbers helped have been, of course, dependent upon the annual support of the public.

The following quaint excerpt is taken from the annual report of the Charity for 1812:—

"With a view singly to this species of distress was instituted, in the year 1757, the Charity

for delivering Poor Married Women at their Own Habitations. The Objects of it are the poor, the Sober and industrious poor, in one of the most perilous circumstances of human life. The Contributors to this Charity will footh the anguish of many a Husband by relieving the Wife of his bosom, will alleviate the agonizing pains, prevent the sickness and death of many a valuable Woman, preserve the life of many an helpless Infant. Surely a design conceived for such amiable purposes as these can never want encouragement while sentiments of tenderness are suffered to animate and influence the human heart."

The Charity is entirely independent of creed or race, and nearly every European nation is at one time or another represented amongst the poor patients who attend at the office.

The object of the Charity is to provide midwives, medical attendance when required, and medicines gratuitously to poor married women in their own homes. Marriage and necessity are the only tests of eligibility, and a "Letter" from a Governor the only entrance fee, and a reference to the medical report will show the skill with which these duties are carried out.

The Charity works quietly and unostentatiously, mostly in shums and out-of-the-way nooks and corners—it has no fine buildings, standing as a perpetual reminder to the public that it is "supported entirely by voluntary contributions," and there is nothing about it to in any way catch the eye; its great reliance therefore for continued help and support is on the advocacy of friends and those who know its value in assisting the struggling married poor.

The Charity is in no way in competition with lying-in hospitals, as such, but is intended to help those who, whilst they are in pecuniary distress, are unable for many reasons to leave their homes. In most cases the mother has already a young family whom she cannot leave. If there were no alternative but to go to the hospital, the husband must either leave his work (or, if out of work, stay at home and lose opportunities of seeking it) or someone must be found to look after the home and children in his absence. If he is not able to even make this arrangement the children must be left entirely to themselves to manage as best they can.

Another point, and a most important one, is the comparative inexpensiveness of the system of tending the patients in their own homes. There are no large buildings to absorb the income, first in the erection, and secondly in their maintenance.

Every patient's home is a ward of the Charity's hospital for the time being, and however numerous the claimants or sudden the emergency, want of room is never an obstacle to the appeal of the applicant for assistance.

Those that are benefited in this way could not be received into hospital at anything like the same moderate cost.

One great advantage resulting from this Charity must not be overlooked, and that is that the patients are tended chiefly under women's ministrations, and a large staff of competent and highly-trained midwives is employed, located in nearly every part of London.

The midwives of the Charity must all hold the certificate of the Central Midwives' Board, and be on the "Register" under the Midwives' Act of 1902, and in addition to these qualifications are carefully selected by the General Committee, with the help and guidance of the chief physician, their personal character and previous records being made a special subject of investigation. All the present candidates for the post of midwife are, as far as possible, selected from those who are also fully-trained hospital nurses.

If it is considered a true act of charity to "help lame dogs over stiles," how much more is it a real act of benevolence to smooth away the cares and heartrending anxieties of our poorer sisters, who with a husband out of employment, an empty purse and larder, and a young family to somehow keep fed and decently clad, finds herself face to face with what to the richest in the land cannot but be a terrible ordeal, and in such scenes of poverty and squalor as obtain in the slums absolute misery. The poor little infant on its arrival more frequently than not finds that the only "swaddling clothes" provided for it consist of halfpenny newspapers, and the sheets of the mother's bed have been known to be the same.

When one compares the rejoicings that occur at the birth of a "son and heir" to one of the great ones of the land, one cannot help but wish that some of the money that is lavished to herald the event might be diverted to throw a ray of light and comfort into these scenes of dark and hopeless desolation.

The Royal Maternity Charity can publish no photographs of its buildings or the interior of its wards, but the illustrations of the work of the Charity will be found engraven deep and clear in the hearts of its humble but grateful patients, and generations to come will bless the memory of those benevolent gentlemen who more than a century and a half ago founded the "Lying-in Charity," now gratefully looked to as a true friend in need by hundreds of mothers yearly, under its present name of the "Royal Maternity Charity of London."

ASSOCIATION OF INSPECTORS OF MIDWIVES.

The Annual Meeting of the above association will take place on April 24th at the Royal Horticultural Hall, S.W. Members who have not received the preliminary notice and Inspectors and Assistant Inspectors who wish to become members should communicate with the President, Miss Macrory, M.B., 6, Hurlingham Road, Fulham, as Miss Du Sautoy is unable to continue as Hon. Secretary.

THE CENTRAL MIDWIVES BOARD.

The next examination of the Central Midwives Board will be held in London on April 22nd. The Oral Examination follows a few days later.

MATERNITY BENEFIT.

In the House of Commons, on March 25th, Mr. Watt asked whether in Scotland, and particularly in Edinburgh, maternity benefit was being paid, not to the women themselves, but to male relatives representing themselves as authorized to receive such; whether that was according to the Act, or whether the Insurance Committees had power to alter this method of payment. Mr. Masterman said that the Scottish Commissioners were not aware that maternity benefit, either in Edinburgh or elsewhere in Scotland, was being paid to persons other than the insured persons entitled to it without proper authority from the latter. Section 18 (1) of the Act provided that where the husband was insured the maternity benefit was payable in respect of his insurance and by his society, and was to be treated as his benefit, though the society had power to administer it in cash or otherwise as they thought fit. Insurance Committees administered under similar conditions the maternity benefit of deposit contributors, but they had no powers with regard to the maternity benefit of members of approved societies.

Colonel Lockwood asked whether the maternity money should not be paid directly to the doctor or the nurse. Mr. Masterman said that the present system was in conformity with the opinion of the House; and in reply to a further question Mr. Masterman said that the husband was exposed to prosecution and conviction if the wife was neglected during this period.

A TERRIBLE EXPERIENCE.

The *Observer* states that at Dayton, U.S.A., a number of babies were born during the flood. A physician in attendance on one woman was trying to get her to a place of safety in a boat when she gave birth to twins. The swirling waters capsized the boat. All were rescued, only to be tipped out a second time, when the mother was swept out of reach and was drowned.

Another physician braved all the dangers of the flood and took his place with a mother while the waters crept up to the house and covered their feet. A rescue boat signalled at the window, and the mother, babe, and physician were lowered into a skiff. They made their way to a point where the street gained a sufficiently high grade almost to take them out of the water. At this point the boat overturned and all the occupants were immersed. The doctor and the man who pulled the oars recovered the mother and child and scrambled to a dry point in the road, where an automobile filled with household goods was commandeered. Its contents were dumped into the road to make room for the mother and baby, who were rushed to safety.

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EDITORIAL.

DISCIPLINE.

Discipline is the essence of training.

—FLORENCE NIGHTINGALE.

It is essential to the good management of any large institution that each department should be under the control of its own head, responsible to the central controlling authority for its efficiency.

It is one of the first principles in connection with such responsibility that authority should go hand in hand with it, for, as it is impossible to make bricks without straw, so it is impossible that the head of a department should maintain its work and discipline at an efficient standard without possessing the power to exact it.

This principle holds good in connection with the nursing department of a hospital, which should always be under the control of an experienced nurse as Matron. Here two further principles are involved, namely, that the work of members of any profession should be supervised by one of their own number, and that the work of women should invariably be supervised by women, for where it is controlled by men lack of discipline is the inevitable result, and its importance may be estimated by the stress laid upon it by our great law giver, Florence Nightingale, who insisted that "discipline is the essence of training."

In this country it is recognized theoretically that the head of any nursing school should be the Matron, although practically the attempt is often made to give her the position in name, but to divest her of real authority. On the continent of Europe the "non-Matron" system still has its advocates, and it will be remembered that Baroness Mannerheim, in a most interesting paper contributed to the Cologne Congress in the session on "The Place and Duties of

the Matron as Principal of the Nursing School," unhesitatingly condemned it, in the following words:

"It is not as if the non-Matron system were a new innovation. It is just the old order of things making for muddle and confusion, which the genius of a woman once condemned with the words: 'In disciplinary matters a woman only can understand a woman,' and 'A training school without a mother is worse than children without parents.' . . .

"It is only the Matron who can get uniformity in teaching, in work, and in purpose; and her personality, which is of the greatest importance, will permeate the whole atmosphere of the hospital, whose nurses are entrusted to her care."

It follows that the women who are placed in such responsible positions should be trained for them with the very greatest care. We emphasise this advisedly because it is just in this respect that our training fails in this country. America has its Matrons' course at Columbia University, Germany is following her example at Leipsic, but although Miss Nightingale laid down the principle that "to enable nurses to train nurses, a special training is required," no such course for Matrons, except in connection with the Military Nursing Service, has been established in this country, and the training of nurses suffers in consequence. For as we have learnt to distrust the born nurse, so the born Matron is a *rara avis*. Both must be born with a special aptitude which enables them to profit by training, and by that discipline which is its essence, but to consider as many hospital committees appear to do that any trained nurse is competent to take the position of head of a nursing school is to exhibit ignorance of the true scope of training from its educational, disciplinary, and moral aspects.

MEDICAL MATTERS.

OPEN-AIR TREATMENT OF NAUSEA.

Dr. F. L. Barnes, of Texas, believes, says the *Journal of the American Medical Association*, that the very best treatment for chloroform and ether nausea and vomiting is plenty of fresh air; it is not only essential that fresh air should be supplied in large volume, but it should be kept moving, in order that the nauseating odours of the exhalations may be removed rapidly. His observation has this history:—A great many negroes for whom there is no hospital accommodation come to his associates and himself for operations. Originally they had an operating room and beds in connection with their office, but it soon became such a nuisance to have this class of patient continually around the office that they hit on the expedient of having them carried immediately from the operating room to their boarding places. Out of a great many cases handled in this manner, they have never had a single mishap, or a single bad symptom follow the practice. They have never known one of these patients to vomit after being carried out in the open air, and they are almost never nauseated. The distance from the operating room to the places to which these patients have been conveyed have varied from one-fourth of a mile to two and one-half miles. Immediately upon the completion of the operation, the patient is placed on a cot, wrapped in blankets, with the face always exposed to the open air, and external heat applied. The cot is then placed in a waggon or hack, and driven slowly to the boarding place. If the patient is awake and nauseated when the hack arrives at its destination, they direct that the cot be not carried into the house until the nausea passes off; they also direct that as few attendants as possible be about the patient. They have frequently observed that when they have been a little slow in getting patients out of the operating room, and they later become nauseated as a result, they will immediately become quiet and drop into a peaceful sleep as soon as they are carried into the open air and started on their journey.

We are very slow to learn that the best of gifts which we can have are those which are free to all—sunlight, fresh air, and pure water. We pay highly for artificial light, shut ourselves into close rooms and breathe impure air, and drink costly and artificial drinks. The instance given above once more proves the principle that Mother Nature knows best, and that we cannot keep too closely to her teachings.

CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. KNYVETT GORDON, M.B. Cantab.

HYSTERIA.

In the last two papers we saw that Neurasthenia was due to exhaustion of nervous force, so that the nerve centres in the brain soon became tired, and therefore irritable. We will now study very briefly—for to describe the condition adequately would take a whole volume—the disease known as hysteria. I strongly recommend anyone who has the patience to read this article, and is then anxious to know more about the subject, to read it up in any large text book of medicine; the small ones are mostly written for examination purposes, and are usually not very intelligible to those who have no very extensive previous acquaintance with the subject.

We will go back for a moment to our analogy of the big shop, and we will suppose that the head of the firm, though not in the least overworked or tired this time, has a fit of perversity.

Ordinarily, in deciding what orders to give to his subordinate departments, he would be guided by information derived from such sources as to the price of materials, the extent of the demand for the things his firm dealt in, and so on; reports of this kind would reach him not only from the subordinate departments, but from outside sources, and he would weigh these all up carefully before issuing any orders.

But we will suppose that he suddenly alters his plans, and instead of proceeding along these well recognised lines, he takes the views of the nearest crossing sweeper, for instance, on the price of materials, or puts the names of the things he wants to order into a hat, and takes whatever happens to tumble out of it when it is shaken. What will be the result? Instead of telephoning intelligent orders to his subordinate departments, he will issue such ridiculous directions as might result in the total stoppage of one section, while another might literally run riot. In an extreme case, he—being guided by no logical reasoning—might tell the people in the boot department, for instance, to go out and drive the motor delivery vans, and so on; the result might be either total inaction in the affected area, or wild overaction in the attempt to carry out his misguided orders.

Now this—very roughly—is what happens in hysteria. There is no nerve weakness to speak of—though this sometimes appears later as a complication—but there will be great over-

action of some parts or organs, and inaction—paralysis—of others. These phases will come and go rapidly, so that a paralysed limb, for instance, will suddenly become quite active, and a condition of general convulsions will be succeeded by a period of calm resembling the passing of an April shower. What has happened? Simply this, that the impulses that are being sent down the nerves are being directed no longer by the will, but by the emotions, and they are therefore erratic and purposeless.

With this broad idea in view, we will now come to the clinical side of hysteria, and see what actually happens.

We must firstly get rid of the older idea from which its name (Hysteria being the Greek for the womb) was derived, namely, that the disease is peculiar to the female sex. It is quite common, for instance, in boys, though, on the whole, it is more prevalent in women than in men.

Heredity plays an important part, the children of insane or alcoholic parents being particularly liable to suffer from hysteria in some form or another, but the most prominent factor undoubtedly in its causation is bad training during childhood, whereby the boy or girl is allowed to yield unduly to emotions and passions, instead of learning to be guided in his or her actions by reason and judgment.

The exciting cause of hysteria may be either mental or physical; in the former case, grief, loss of a relative or friend, domestic anxiety, an interrupted love affair, and so on, may be the starting point, and on the other hand a blow on, or injury to a limb, for instance, may be followed by a manifestation of hysteria, such as paralysis in that region, but in either case, the exciting cause does not of itself originate hysteria, but merely applies the match to the train that has been previously, though unsuspectingly, laid.

The symptoms of hysteria are very numerous, but it will be easy to understand their origin if we classify them roughly as follows:—

Mental.—The subjects of hysteria have an excessive development of the emotions, together with a deficiency of will power; the main point is their extreme self-consciousness. They are always craving for sympathy, and are always living in the limelight. They imagine, for instance, that their companions, or even the general public, have nothing else to do but to observe their smallest actions, and there thus arises the condition of mind which I can best describe as a tendency to be always examining

their own insides with a microscope, which is so characteristic of hysterical people.

It is important to remember that hysteria is not shamming. Shamming is a wilful process, and hysterical people are singularly will-less. Yet, the desire to obtain sympathy will often lead the patient to place every obstacle in the way of her recovery, but she will only do this so long as the wished-for sympathy is forthcoming, and such apparent shamming is singularly purposeless, while real malingering is always connected with a definite motive, such, for instance, as the avoidance of work or the obtaining of money from an insurance company. A malingerer can help herself, a hysterical person cannot.

Sensory symptoms.—The most noticeable of these, and the one which often puts one on the track as regards diagnosis of the complaint, is an extreme acuteness of certain senses; the slightest noise causes an outburst of alarm, and an ordinary light elicits a request for the blinds to be drawn, and so on. Then there may be peculiar sensations, the most common of which is a feeling as though a ball was rising in the throat, and which is known as *globus hystericus*. This is often associated with a feeling of impending death which alarms the whole household, and has the—to the patient—extremely satisfactory result of collecting a crowd of agitated sympathisers round the bed.

Then there may be complete loss of feeling, either in one limb, or more commonly, on one side of the body, ceasing sharply at the middle line: this loss of sensation is usually absolute, so that pins may be stuck into the affected area without disturbing the patient at all. There may be also loss of one or more of the special senses on one side of the body, so that the patient may be blind of one eye, or deaf in one ear. All these sensory symptoms disappear as suddenly as they come, and this can often be effected in practice by some sudden fright or shock. Sometimes, however, the trouble is not dispersed, but merely shifted quite suddenly to the corresponding part, or sense organ on the other side of the body.

Motor symptoms.—These are very numerous, and may consist of loss of function in almost any voluntary muscle. Hysteria, however, has a tendency to pick out certain parts in preference to others, a fact which is very useful in diagnosis. One of the commonest signs of this type is sudden loss of voice—or the voice may be reduced to a whisper—from paralysis of the muscles that normally bring together the vocal chords in the larynx. This, like other hysterical manifestations, comes on

quite suddenly, and can often be made to disappear with equal rapidity, by such expedients as painting the throat somewhat roughly with strong astringents, or even by informing the patient that a very painful method of treatment will have to be adopted if the voice does not return.

Hysterical paralysis of the limbs, too, is not uncommon; all the muscles on one side of the body may be affected, or, in rare cases, all the limbs may be paralysed together; there is seldom, however, complete loss of power; if the attention of the patient be distracted, and the paralysed limb held up, it often happens that when the hold on the limb is relaxed, it will remain in its suspended position for a few moments, thus showing that the muscles are not completely functionless. Again, sudden restoration of power is usual, and is often affected by any novelty in treatment, or even by purely emotional influences.

(To be continued.)

OUR PRIZE COMPETITION.

MENTION THE DIRECTIONS IN WHICH THE WASTE OF HOSPITAL PROPERTY IS LIKELY TO OCCUR (a) IN A WARD, AND (b) GENERALLY THROUGHOUT THE BUILDING.

We have pleasure in awarding the prize this week to Miss M. K. Steele, St. Bartholomew's Hospital, Rochester.

PRIZE PAPER.

WASTE IN WARD AND HOSPITAL MANAGEMENT.

Waste, in other words, losing where others may gain, is a subject the economical never tire of. That it occurs even in the best managed of departments or institutions is obvious, and unless all minds work for the same results, there seems to be no hope of altering it. As applying to a ward, there is little to be said where the institution is ruled by the zealous in authority. The Ward Sister has the power of ordering only to a very limited amount. This is, of course, considering that the responsible administration are thoroughly well informed as to the real requirements of her department.

Probably the chief channels for waste are light (gas and electricity), coal, water, food-stuffs, washing, as applied to bedding, &c., cleaning materials in the form of spirits, or lint, surgical dressings, drugs. Extras and stimulants are usually so difficult to requisition that there is little or no overlapping in the quantity from year to year.

Where steam pipes are in use, the ward fire can be regulated by the ward thermometer and the careful arrangements for stoking by the Sister. A little experience will show just how long a fire will burn without mending, and just how much coal is required to feed it.

If the hospital is small, and the Matron orders fuel, there will be little possibility of waste, as any slight variation will be noticed each quarter.

Light.—Under this heading must be added gas used for cooking and sterilisation.

A gas stove is a tremendous help to the probationer responsible for the heating and making of the patients' minor food, but it is also a trap for unwary feet. Nothing mounts up quicker than the units of a gas meter, and an alarming array they make (on paper) when set forth for those in authority to read.

In a surgical ward, where sterilisation is practically in process all day, care must be taken that the tap is turned off whenever possible. Instruments do not improve with continuous boiling, neither does the burner nor the wall behind it.

Water.—Water rate, of course, varies with the town one lives in.

It is probably, from a hygienic point of view, better to use too much than too little. Those who have lived in countries where water is bought have a greater respect for its worth.

A tap ought never to be left running without attendance.

Leaking taps should be reported at once. Water closets should be inspected at least once a day, and any faults reported at once.

The average amount of water used daily is easy to ascertain: if the amount is larger, it is probably due to carelessness.

Foodstuffs.—Under this heading comes a formidable list—ends of loaves, pieces left by patients, milk gone sour through dirty milk cans or crockery, beef tea in the same condition from a similar reason, diets called and not required, vegetables, mineral waters, but especially bread.

In all ward kitchens a basket should be kept in which to collect the daily odds and ends, which should be inspected before the daily supply is "called," and returned to the hospital kitchen.

In the same way, diets or vegetables "over" from the dinners should be returned, and not stored in the kitchen cupboard, in the hope that Daddy to might eat a "bit" for his supper.

Ward Washing.—This important item of hospital expenditure again applies very much to

locality, and, of course, the nature of the cases nursed.

The Ward Sister should alone be responsible for the giving out of clean linen, and also for the counting of same for the wash.

It is a great temptation to have one's ward always smart and clean, but when the articles washed are counted in hundreds, one can well realise the limitations insisted upon by the authorities.

Sheets may, if made large enough to double at the bottom, have a "clean end" in reserve. Quilts can be so carefully taken off when stripping the beds for making that they do not become creased or tumbled in appearance.

Cleaning Materials.—This does not apply to soft soap, soda, &c., which are sent up in the same amount weekly, but to the odds and ends the nurse calls in to help her in cleaning, such as methylated spirits, turpentine, lint, olive oil, &c. Each ardent probationer has her pet "mixture," regardless of its cost!

The fault lies in the fact that she does not even know the cost of these things, and there seems no one to inform her.

Surgical Dressings and Lotions.—One of the most important of extravagant items in a ward. A list of prices ought to be placed in every dressing cupboard, and a report of the amount used sent to the ward at the end of every quarter.

Drugs.—When medicines are changed, the old bottles, with even one dose, should be returned to the dispensary department. Powders and pills, which only keep fresh for a limited time, should be "called" frequently, and in small quantities.

These are only a few of the most important predisposing articles to admit of waste, and apply only to a ward or special department.

To enter into the forms of waste in an institution is not easy in a short article. Some of the principal avenues have already been referred to in connection with ward management. The question naturally arises: What is the radical cure?

There can only be one answer:—Teach those in authority, in a systematic and thorough way, what they learn in nineteen cases out of twenty by the painful process of experience.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Hannah Scott, Mrs. F. Dickson, Miss G. Blundell, Miss P. Jackson, Miss M. Randall, Miss Macintyre, Miss M. Spencer, and Miss O'Brien.

Miss Gertrude Blundell writes:—Old blankets which are condemned as useless for large beds can often be cut down to make cot

blankets of, or made into flannels for fomentations, or for washing patients. All waste water pipes if out of order, or leakages from any source, should be seen to immediately, the cause found out, and rectified.

Many pounds a year can be saved by constant watchfulness in such small matters.

Mrs. F. Dickson states that "the great principle underlying hospital economy is that each article used shall be applied to its legitimate purpose. Amongst the ways of ensuring economy in bed linen she enumerates the careful feeding of helpless patients, the supplying of children with feeders which will protect both bedgowns and sheets, and careful and neat bed making, so that the bed linen shall be crushed as little as possible."

QUESTION FOR NEXT WEEK.

What are the dangers (a) to the mother, (b) to the child, in a case where there is a purulent vaginal discharge at the commencement of labour?



THE PREMIER AND STATE REGISTRATION OF NURSES.

The Prime Minister has expressed his willingness to receive the Deputation from the Central Committee for the State Registration of Nurses at the House of Commons on Monday, April 28th, at 4 p.m. The Deputation will be composed of representatives of the affiliated societies, and of other important organisations.

AN ECONOMIC STRUGGLE.

The Nurses' Registration Bill is to be actively opposed by the officials of the London Hospital, as usual—and Mr. Harry Lawson, son of the proprietor of the *Daily Telegraph*, who is on the London Hospital Committee, is Mr. Holland's spokesman in the House of Commons. He will this session, as he did last, put down a motion for the rejection of the Bill!

As the *Times* naïvely states in referring to this interested opposition:—"The Bill proposes a longer term of qualification for registration than is customary at the London Hospital." If the *Daily Telegraph* would inform the public what was the profit on last year's Private Nursing Business in connection with this hospital, made largely by short term training, it would be an eye-opener to a Government which professes to deprecate the sweater and all his evil deeds, and which also professes to be interested in efficient education. Anyway, millionaire masters of industry like

Mr. Harry Lawson cannot be commended for the cruel exploitation of the poor working women on the staff of the London Hospital, whose protection by the State he fears, and with reason. No doubt he realises, as we do, that with legal status women will no longer be content to be sweated of fifty per cent. of their modest earnings—in the name of charity. If the hospital which he helps to manage is in such desperate need of financial support, let its millionaire managers give it out of their superfluous wealth, and not use the miserable pittance a nurse can earn by her very arduous work, in support of the charity!

The nursing profession has suffered much from the ungenerous policy of the officials of the London Hospital. It is now going to make a supreme effort to free itself from this grasping autocracy. We hope to give our oppressors a lively time.

IN THE UNITED STATES.

New Bills for the Registration of Nurses have been introduced in California, Montana, Kansas, Arkansas, Ohio, and Florida. American men are usually very generous towards women, so no doubt they will soon be passed into law. Anyway, it will make forty Legislatures which will have dealt with the question (thirty-four Acts are already working), whilst women in the United Kingdom have been trying to obtain the passage of *one* Bill, by a Parliament of men as indifferent to the protection of the sick as they are to the status and condition of the women of the nation. We are all getting very sick of serfery.

PRIZES AT THE DUBLIN NURSING CONFERENCE.

THE BRITISH JOURNAL OF NURSING offers the following Prizes under the three following headings, at the Exhibition in connection with the Nursing Conference to be held in Dublin in the first week of June, 1913:—

SECTION 1. PRACTICAL NURSING INVENTIONS.

To show the inventive genius of nurses.

	£	s.	d.
First Prize	2	2	0
Second Prize	1	1	0

SECTION 2.—NURSING HANDICRAFTS.

To show the manual dexterity of trained nurses in preparing practical appliances used in the nursing of—

1. The Head, including the Throat.
2. The Abdomen, the Digestive Tract.
3. The Abdomen, Kidneys, and Bladder.
4. Gynæcological Nursing.
5. Splints and Bandages.
6. Maternity Nursing.

	£	s.	d.
First Prize	2	2	0
Second Prize	1	1	0

SECTION 3.—NURSES' UNIFORMS.

For a complete set of Dolls dressed in Nursing Uniform as a Sister, Staff Nurse, and Probationer in any Irish Hospital or Institution. Dolls not to be more than twelve inches high.

	£	s.	d.
First Prize	2	2	0
Second Prize	1	1	0

Workmanship will be taken into consideration by the judges in awarding the Prizes.

EXHIBITION MANAGEMENT.

In England.—Hon. Secretary, Miss A. E. Hulme, to whom all communications are to be addressed at 431, Oxford Street, London, W.

In Ireland.—Hon. Secretary, Miss J. E. Hughes, to whom all communications are to be addressed at 34, St. Stephen's Green, Dublin.

IRISH NURSES' INSURANCE.

At the usual fortnightly meeting of the committee of the Nurses' Insurance Society of Ireland, held at the office, 20, Gardiner's Place, Dublin, the Secretary read a letter from Queen Alexandra, thanking the President and members of the Society for their kind sympathy in the great sorrow which had befallen her, through the tragic death of her dear brother, the King of the Hellenes.

THE BRITISH RED CRESCENT IN TURKEY.

Sister Lily Warriner sends home the sad news of the serious illness of Sister Obee, who has been removed from St. Stefano Hospital, Constantinople, to the British Seamen's Hospital, Galata, where she is now warded with enteric fever. She is in the second week of the disease, and her many friends will earnestly hope that her strength may be maintained through the anxious weeks which must follow, and that her health may be restored.

The St. Stefano Hospital is now closed, and Sisters Haswell and Park have been sent to Adrianople, an eight hours' journey as a rule, but, owing to the fact that they cannot travel through Bulgaria, they went by way of Constanza and Sophia. Two doctors have been sent with them. Very little nursing news has filtered through from the Balkans and Turkey during the past few weeks: the really interesting things cannot either be written or printed until the war is at an end.

THE FIRST CERTIFICATED NURSES OF THE REGINA ELENA NURSING SCHOOL, ROME.

ROYAL RECOGNITION.

A very interesting function took place in Rome on Monday, March 31st, when the first batch of Italian nurses trained at the Policlinico Hospital, Rome, received their diplomas and medals at the hands of Her Majesty Queen

received their reward last week, when the sixteen nurses who had completed their two years' service in the hospital wards and passed their examinations received their priceless certificate of training.

The ceremony was held in the Quirinal Palace, in one of the large drawing-rooms, which was beautifully decorated with flowers—roses, tulips, carnations, frezias everywhere. About 200 guests were present, including Princess Corsini, President of the new Nursing



DISCIPLES OF FLORENCE NIGHTINGALE.

Elena of Italy, patroness of its Nursing School, which bears her name.

The initial difficulties in establishing the School were almost insuperable, but it soon justified its existence, and is now reaping the first fruits of success. Every year new wards are taken over, more applications received from Italian probationers, and, most encouraging of all, Florence, Genoa, Spezia, and other Italian cities are beginning to found Schools on the same lines. It required great faith and courage on the part of Italian ladies to take up what was to them utterly unknown work, but they

School shortly to be formed in Florence, Baronessa de Riessi, President of the School to be formed in Genoa, and many other well-known Roman ladies.

The guests were placed facing the low daïs, where Princess Doria, President of the Nursing School, Madame Maraini, and the other members of the Hospital Committee awaited Her Majesty, the nurses being drawn up in two semi-circles on either side. Their uniforms looked charming in the lofty gold and white room, forming a picturesque contrast with the brilliant uniforms of some officers who were

present. The Matron, Miss Dorothy Snell, and the English Sisters, were in white linen gowns and handkerchief caps; the Italian staff nurses, who had just completed their training, in white gowns with Sister Dora caps, the probationers in cool green and white gingham.

Amongst those privileged to be present was Miss Violetta Thurstan, the newly appointed Matron of the Spezia Hospital.

At 3 p.m. there was a sudden hush, and the Queen entered, charmingly dressed in nattier blue, and black, and took her place, with Princess Doria, President of the Nursing School, on her right, and Madame Maraini on her left. His Majesty the King was also present.

The proceedings were opened by an able speech from Professor Bastianelli, the senior Surgeon of the Hospital, in which he made graceful allusion to the interest the Queen takes in every branch of nursing, and her very practical knowledge of the art—as her devoted work at the time of the Messina earthquake showed. He then went on to give a sketch of the creation and growth of the Nursing School, and said that at the Policlinico Hospital the devotion and enthusiasm shown had lighted a torch, which he hoped one day would light all Italy. This was followed by a short address from Professor Lutrarire, in which he spoke of the great debt of gratitude that Italy owed to England, and reminded his audience that Italy was the birth-place of the great founder of nursing, Florence Nightingale, and that it was by working on the lines that Florence Nightingale laid down, they had been able to reform the nursing in the great Policlinico Hospital.

The nurses then advanced two by two with soldier-like smartness, and received their certificates and silver medals at the hands of the Queen, Her Majesty pinning on every medal herself with a smile and a word for each. Amongst the nurses receiving medals were two dear little Florentine nuns, who were keenly enjoying this unwonted excitement.

Then came the turn of the English Sisters. Every Sister who has worked two years in the hospital also received a silver medal with her name and the date at the back, and the Queen's initial on the front.

The Matron, Miss Snell, was then presented with a beautiful gold medal to show Her Majesty's appreciation of her work and devotion to the cause of nursing in Italy. The Queen then spoke a word of encouragement to every probationer separately, winning all hearts by her gracious manners and charming smile.

Tea was then served, and the ceremony over, a red-letter day to those who took part in it.

TRAINED NURSES AND NATIONAL INSURANCE.

THE ASSOCIATION OF APPROVED SOCIETIES.

It is needless to lay any further stress on the indignation of the self-governing nurses' societies, and, indeed, of many who "keep themselves to themselves," as the more self-interested do—at their marked exclusion from representation with other classes of insured women, on the Advisory Committees formed under the National Insurance Act—and, as a result—their entire lack of power to represent their views and needs—power granted (as it should be) to ward-maids and other domestic women workers, to factory girls, and others!

The reason for this unjust exclusion was probably prompted by the fact that much of the hard work, certainly the cheapest form of it, under the Act would have to be carried out by trained nurses, or by their many untrained competitors, and the less power placed in the hands of trained nurses, under these circumstances, the better from the employers' point of view! Hence the anomaly.

CO-OPERATION NECESSARY.

But trained nurses are not the only class who find the Act in its working unwieldy, costly, and aggravating—so a few public-spirited persons, realising the benefit of co-operation, have been meeting together during the past few months, and have come to the conclusion that an Association of Approved Societies would be exceedingly useful to all concerned.

THE CONFERENCE.

A Conference of delegates from Approved Societies, therefore, met on April 4th, at the Central Hall, Westminster, S.W., at which Mr. Charles Bathurst, M.P., took the chair; and it was unanimously decided to form the Association. The objects adopted were as follows:

OBJECTS.

- (1) To promote and protect the interests of members of Approved Societies.
- (2) To enter into negotiation with the medical and nursing professions, and with hospitals and other institutions.
- (3) To encourage a uniformity of policy among Approved Societies.
- (4) To simplify the administration of the Insurance Act.
- (5) To promote and watch over legislation affecting insured persons.
- (6) To be an Association within the meaning of Section 30 of the Insurance Act.

Membership is open to any Society or Federation or Group of Approved Societies; and an Annual Conference will be held.

Mr. Charles Bathurst, M.P., was elected Chairman; and Mr. Alban Gordon (the Secretary of the Domestic Servants Approved Society), Hon. Secretary.

A Vice-Chair and Treasurer were also elected; and it was agreed that the management should be

vested in an Executive Committee of twenty persons, together with the hon. officers. On the proposition of Mrs. Bedford Fenwick, the words "not less than three of whom must be women" was adopted.

Mrs. Bedford Fenwick and Miss Maddock attended the Conference to represent the Trained Women Nurses Friendly Society, and the former was elected to represent the Society on the Executive Committee, so that the interests of Trained Nurses will be closely watched, and their opinions on Clause 2 of the objects of the Association will find professional expression. This is a privilege of which we hope the profession at large will not fail to avail themselves, as Mrs. Fenwick is quite prepared to enter into communication with trained nurses, whether they are members of the T.W.N.F.S. or not.

THE STANDARD OF NURSING FOR THE INSURED SICK.

Several questions present themselves as requiring consideration, the most important of which, of course, is the standard of nursing and the remuneration of nurses to be employed under the Act. At present there is evidently a tendency upon the part of local committees and County Nursing Associations to employ the semi-trained (because in our opinion nine months' smattering in nursing either in districts or little institutions does not constitute training in a professional sense) as apart from the thoroughly trained nurse, thus not only supplying inefficient work, but depriving the thoroughly trained of the work which, through acquired skill, is their right. Sooner or later the professional nurse will come to grips with the large associations which provide the poor with unskilled nursing under the pretension that it is skilled, and the semi-skilled sweated worker will have to go. We hope the insured sick who are compelled to pay for nursing will give these spurious nurses, foisted upon them by patronage, their *coup de grâce*.

We do not blame the ignorant workers; many of them are there through lack of knowledge of nursing economics, many of them are excellent women, and if advised to enter hospitals and infirmaries for three years' training, instead of signing most unfair contracts with lay associations, would at the end of such training become valuable members of a skilled profession, with an assured future before them. Our advice to all young women desirous of earning their living by nursing is to avoid quick cuts in the attempt. Go steadily through the three years training, gain sound knowledge and practical experience, and then remember that the labourer is worthy of her hire.

It would be the irony of fate if, after all, this ill-considered Insurance Act should be an effective means of protecting the sick poor from spurious nursing, and the bonâ fide members of the profession from the competition of sweated workers, a condition of things certain to continue so long as they are nursed by "charity."

APPOINTMENTS.

MATRON.

Warneford, Leamington and South Warwickshire General Hospital, Leamington.—Miss K. F. Muriel Jackson has been appointed Matron. She was trained at St. George's Hospital, London; and has held the position of Sister and House-keeping Sister at St. George's Hospital; and is at present Assistant Matron at the Royal Infirmary, Liverpool.

The Royal Halifax Infirmary, Halifax.—Miss Jessie Ethel Hills has been appointed Matron. She was trained at King's College Hospital, London; and has held the position of Night Superintendent at the Queen's Hospital, Hackney Road, N.E.; and Night Superintendent at St. Mary's Hospital, Paddington, from 1906-1909, and Assistant Matron since 1909.

Joint Infectious Diseases Hospital, Skipton-in-Craven.—Miss Isabel Forsyth has been appointed Matron. She was trained at the Sanatorium, Huddersfield, in fever work; and the Bethnal Green Infirmary, London, in general nursing; and has been Senior Sister and Deputy Matron at the Fever Hospital, Keighley.

Victoria Cottage Hospital, Romford.—Miss Florence Lawley has been appointed Matron. She was trained at the General Hospital, Birmingham, and has been Staff Nurse at the Birmingham Orthopædic Hospital, and Charge Nurse at the Victoria Hospital, Romford, Night Superintendent at the Hospital for Sick Children, Great Ormond Street, Temporary Sister in a Diphtheria Ward at the Grove Hospital, Tooting, and Sister at the Liverpool Children's Infirmary.

Waihi Hospital, New Zealand.—Miss Taylor has been appointed matron. She was trained at the Christchurch Hospital, New Zealand, where she was Sister for some years—and more recently has been Acting Matron at the Auckland hospital, between the resignation of the late Matron and arrival of Miss Orr. The Hon. Minister for Hospitals recently expressed himself as entirely satisfied with the internal management of the hospital under Miss Taylor's superintendence. The nurses of Waihi hospital are therefore to be congratulated.

SUPERINTENDENT.

Maternity Hospital, High River, Alberta, Canada.—Miss Catherine M. Peter has been appointed Superintendent. She was trained at the Liverpool Hospital for Women, and the Maternity Hospital in the same city, where she was Sister Midwife of one of the district training homes. She has also worked as a Queen's Nurse in Liverpool; and has held the position of Superintendent of the Cardiff School of Midwifery, and the Queen Victoria Jubilee Institute Maternity Department. She is a certified midwife.

NURSE-MATRON.

Thomas Knight Memorial Hospital, Blyth, Northumberland.—Miss Annie Mary Louth has been appointed Nurse Matron. She was trained

at the Bury Infirmary and has been Sister at the Leigh Infirmary for the last five years.

NIGHT SISTER.

Royal Infirmary, Leicester.—Miss Anne Simpson has been appointed Night Sister. She was trained at the General Infirmary, Leeds; where she has held the position of Theatre-Sister for the last two years.

SISTER.

Victoria Hospital for Sick Children, Hull.—Miss Margaret Carey has been appointed Sister for the Outpatient Department and Masseuse. She was trained at Guy's Hospital, and has done Sister's and Matron's holiday duty at the Central London Ophthalmic Hospital, and has held the position of Sister in Queen Alexandra's Royal Naval Nursing Service. She is a certified masseuse (I.S.T.M.).

SCHOOL NURSE.

Gillingham District Council, Gillingham.—Miss Katherine Farrington has been appointed School Nurse. She was trained at the Royal Alexandra Hospital, Brighton; the Victoria Hospital, Folkestone; and the Alt-yr-yn Hospital, Newport, Monmouthshire; and has held the position of Night Sister at the Enfield Isolation Hospital, Winchmore Hill; and has had experience in private and district nursing; and has been School Nurse and Health Visitor at Bury St. Edmund's.

LADY HEALTH VISITOR.

Willesden Urban District Council, Dyne Road, Kilburn, N.W.—Miss C. Johnston has been appointed Lady Health Visitor. She was trained at the Edmonton Infirmary, and has been School Nurse, and Woman Inspector under the Edmonton Urban District Council.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Bertha A'Bear is appointed to Reading; Miss Ann S. Barnett, to Yeovil; Miss Gysbertha Barrevel, to Chatham; Miss Mary Cutler, to South Elmsall; Miss Fanny Goodwin, to Manchester (Bradford Home); Miss Charlotte Palmer, to South Elmsall; Miss Gertrude Peach, to Central St. Pancras; Miss Florence Steele, to Hemsworth; Miss Kate Steff, to Canterbury; Miss Gertrude Stevenson, to Cheltenham; Miss Helen Strudwick, to East London (Southern); Miss Eugenie Widt, to Morecambe.

Miss Emily Cauty is appointed to Crown Point Hospital for Tuberculosis, Burnley, as Sister-in-Charge.

ROYAL SOUTH HANTS NURSES' LEAGUE.

Will any members of the Royal South Hants Nurses' League, who see this notice, kindly send any items of interest, as soon as possible, for insertion in the next journal of the League, to the Editor, Miss Mollett, Rose Cottage, Three Cross, Wimborne.

C. HALDANE,
Hon. Secretary.

NURSING ECHOES.

In reference to the garments sent to a Convalescent Home, mentioned in our issue of last week, which were used as dusters and for other purposes, a Superintendent has sent us several specimens of such garments, and wants to know what use can be made of them other than as dusters and dummy cloths. She writes:—

Can you suggest any useful purpose to which I can put the enclosed, most of which came to the Home yesterday? The frock is a treasure from the year before last. When examining it please note the stitches inside the yoke; the fact that one sleeve is put in to the front the other to the back. See the relative size of neck and cuff, and observe that it takes six pieces of material to make the *false hem* of the front width!

The other articles are a small petticoat made of bright blue transparent *gauze*, and other little garments made of materials as flimsy. Frankly, we cannot suggest that such rubbish can be worn by the babies and little children, whose clothes should be warm and well fitting—even if they are homeless. Such gifts show a rare lack of commonsense, but not necessarily of kindness. Why not send the donor patterns of useful garments, and ask that future gifts should be of such patterns and materials?

In discussing the necessity of appointing a male nurse to attend men at the Liverpool Workhouse Infirmary, a lady Guardian pointed out that the present condition of things would make a commotion if it could be described, and were made public. It was also pointed out that two male nurses would be required, one for night and one for day duty, and the committee agreed to the arrangement. If such officers are required to attend on patients suffering from venereal diseases, they are urgently required in many infirmaries; but if the care of the old and infirm is in question, then surely womanly ministrations is the best. We do not think men would be as sympathetic or attentive as women to the poor old "daddies," who, alas! through poverty, are in their old age cut off from those who should tenderly care for them.

A sheaf of cuttings to hand again this week, complain of the shortage of trained nurses. This will continue until nurses are granted the State protection and proper education they have been pleading for for twenty-five years.

The Preston Board of Guardians have materially raised the salaries offered to probationers and nurses, in the hope of obtaining their services.

Dr. Norman Porritt's articles on nursing conditions, now appearing in *The National Weekly*, should be read. It is well to note all points of view. Last week he had something to say about "Bumble and the Nurse's Health," in which he enlarges on the horrors of night duty. "At one hospital," he writes, "in this Christian, eight-hours-work-in-the-daytime country—it was a Poor Law infirmary in a cathedral city—the night nurses were compelled to work fourteen and fifteen hours at a stretch. They had so much to do that they had to begin washing the patients at 2 a.m., and then, when they came off duty, burrow into beds which were in continuous use night and day." Dr. Porritt quotes Dr. Hecker's opinion as applied to nurses in Germany:—"The German nurse's health does not appear to count; it is her business to look after other people's health, and not her own!"

A letter received this week from a reader reminds us of a very discreditable fact. She contends that women who are "paid workers" lose caste. We quite agree with her. Not, of course, in the opinion of those whose opinion is worth having, but in that of the majority of leisured men and women who compose committees controlling women's work, who, with no expert knowledge, treat both industrial and professional women as their "paid servants." Such an attitude of mind is snobbish and domineering, but it is a very unpleasant fact. No one who has ever sat on public bodies, or even on private committees can deny this fact—and now that so many women support themselves honourably, it is high time this vulgar attitude of mind towards them by those whose needs are usually supplied by others, and for which they have not done an hour's honest work in their lives, was determinedly resented. We were once admitted to a royal residence by the side door, and passed on through domestic offices. We left it by the front entrance, which took two resplendent males to fling open!

Then our correspondent bewails the narrowness of the official mind and conduct, tied up with red tape! Here we sympathise with her again. It may not be their fault, but we have noticed that an "Inspectorship," no matter what has to be inspected, appears to render null and void all but the most buoyant and courageous of women. To the average companion, in public life, they become colourless, secretive, and uninteresting.

We hear from an official source that the Leper Settlement which the Principal Medical Officer in Basutoland, Dr. Long, has been working for for such a long time, is now almost complete, and that in a few more months it is expected to be in working order, when probably some 700 lepers from that province will enter it. It is anticipated that they will do so readily, as it is in their own country, and is therefore deprived of the terror of isolation which is a factor in connection with the settlement on Robben Island. The life of a leper is at all times so tragic that anyone who succeeds in ameliorating the lot of these unfortunate people, as Dr. Long has done, is to be congratulated.

The State of New York owes Governor Sulzer a debt of gratitude for his Message on Public Health, with which is incorporated the Report of the Special Public Health Commission. The Message opens with the words: "One of the first duties of the State is to protect the life and promote the health of the citizens. There is no more important subject of public administration than public health. The State comes very close home to the individual when it saves him from sickness, and even from death. This it can do, does do, and should continue to do in a much larger degree."

Among the many reforms the Commission recommends, 9, 10, and 12 are specially interesting to nurses; 9 provides for "Authority for each city, county, village, and town to employ trained nurses as infant welfare nurses, school nurses, tuberculosis nurses, and to visit the sick. 10. That the tuberculosis law be amended so as to provide (a) for more complete reporting of cases; (b) for supervision of reported cases by trained nurses; (c) for compulsory removal and detention of dangerous cases; and 12. That a bureau of child hygiene, and a bureau of public health nursing, be added to the State Department of Health.

At present in the City of New York there are in the service of the Department of Health over 300 trained nurses, in addition to those employed in the hospitals for contagious diseases. Three counties and a considerable number of cities, villages, and voluntary committees employ tuberculosis nurses. What is required is that specific authority be given to each city, county, village, and town to employ one or more trained nurses for all the public health purposes for which trained nursing has now been found to be practicable.

Governor Sulzer appears to be the right man in the right place so far as nursing is concerned.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

The Duchess of Albany opened an "old Sussex village" bazaar at Hastings last week in aid of the fund to rebuild the East Sussex Hospital on a new site as a memorial to King Edward.

This is National Health Week, and all over the country efforts are being made to enlighten the ignorant on the sanitary law. In Dublin a most successful Health and Housing Exhibition is being held in the Rotunda Rink. The exhibits deal with such subjects as food, cooking, disinfectants, the treatment of tuberculosis, the milk supply, the care of the teeth, and the dangers of fire. Lectures will be given on various subjects during the week, and school children have been invited to attend every day between eleven and two o'clock with their teachers.

A lease for 99 years of the site (every day becoming more valuable), and buildings of King's College Hospital has been granted to W. H. Smith & Son, the great newsagents. The site has come into the market, in consequence of the transference of the hospital to South London, where a large area at Denmark Hill was presented by the Hon. W. F. D. Smith, the head of the firm.

The Earl of Selborne presided at a meeting, held at Alton on Monday, to open a Hampshire county fund, to assist in raising £10,000 for a nurses' home at the Cripples' Hospital, as a national tribute to Queen Alexandra. Sir William Treloar traced the progress of the hospital, and said that he was devoting the remainder of his life to raising money for it. It is intended to form funds in several other counties.

The Annual Meeting of the Governors of the Chelsea Hospital for Women was held on the 3rd inst. the President of the Hospital (Viscount Castlereagh) in the chair. The Council's Report showed that satisfactory progress had been made during 1912 in the collection of funds for the rebuilding of the Hospital and its Nurses' Home, on the site so generously given by Earl Cadogan. The Royal Patrons (the Queen and Queen Alexandra) had generously headed the list of contributors; and through the dinner, at which Viscount Castlereagh and the Countess of Ilchester, the President of the Ladies' Committee, had jointly presided in November, over £8,000 was added to the amount available. Nearly £500 was sent in small amounts from former patients. The Ladies' Committee, having exceptional knowledge of the kindness received by the patients from the nurses, were devoting themselves to collecting for the Nurses' Home. The King Edward's Fund had made a first grant of £1,000.

AN HONORARY DISTINCTION.

Dr. Anna Hamilton, of Bordeaux, has been appointed to the position of an Officer of Public Instruction, an honorary distinction which her services to the community have well merited.

CONSUMPTION: ITS PREVENTION AND HOME TREATMENT.

A meeting of the Minehead Branch of the Nurses' Social Union was held shortly before Easter at the Institute, when an interesting lecture was given by Dr. Short, the newly-appointed Tuberculosis Officer for the County of Somerset, upon "Consumption: its Prevention and Home Treatment." There was a very good attendance of professional members, who listened with deep attention, and proved the stimulation of thought given by the many questions they asked later. Dr. Short began by saying that while in England there is a death every twelve minutes, there is in Somerset alone one death every day from this disease, so eminently preventable since the discovery of the tubercle bacillus in 1882. Having dwelt upon the allies of tuberculosis, such as bad air, blocked air-passages (as in adenoids, &c.), darkness, dust, expectoration, and now especially weakness in the opponent as engendered by poverty, drink, &c., he dwelt upon the hindrances the bacillus meets in a strong opponent with good general health, in fresh air, sunlight, moisture, and cleanliness. Having mentioned the chief modes of infection, and that 20 per cent. of milk in Somerset is infected, he strongly urged all health workers to secure open windows, separate beds, proper sputum destruction, the damp dusting of rooms, the prompt examination of all contacts, and the right directing of charitable help.

In the second part of the lecture—"Home Treatment"—he first spoke of the care of *ambulant* cases—the necessity of their living in high, dry and sheltered positions, for woollen or flannel clothing, rest before and after meals, sleep in the open-air, the cold sponge in the morning, and breathing exercises. For *bed-ridden* cases he gave many valuable hints for the relief of coughing, night sweats, vomiting both threatened and inevitable, and the use of the graduated inclined plane; sleeplessness, and the use of massage; orthopnea and the forehead rest; and hæmoptysis with the raising of the shoulders. Dr. Short has lately become a Vice-President of the Society, saying that he feels it an honour to be associated with such a progressive and useful body as the Nurses' Social Union.

An N.S.U. meeting was also held at North Hall, Frome, by the kind invitation of Miss Bailey, the Treasurer, when the new County Organiser repeated her lecture on the "Moral Training of Girls." There was a large gathering, for whom tea had been hospitably provided before the lecture.

LEGAL MATTERS.

THE DRIVER CASE.

In connection with the police-court proceedings in what is known as "The Driver Case," in which it will be remembered that Flora Johnson was indicted at Clerkenwell, under the Criminal Law Amendment Act, with attempting to procure Ethel Maud Driver, described as a nurse, twenty-eight years of age, telling her, "you will get plenty of money in uniform," the jury, at the conclusion of the trial, returned a verdict of "not guilty" concerning Flora Johnson, on the direction of the Recorder. It was not suggested that the facts were not as alleged, but the Recorder held, we consider rightly, that the Act was never intended to apply to such a case, or to a woman twenty-eight years of age.

ASSAULT ON A NURSE.

At Ammanford, South Wales, a woman was summoned for assaulting Nurse Elizabeth Thomas, and fined 1s. and costs. It was stated in evidence that the nurse had attended the defendant's daughter, who died three weeks afterwards, and meeting the nurse later she slapped her on the face, calling her a "black murderess," and saying, "You will have to die, if I hang for you. You killed my daughter." The defendant denied calling the plaintiff a murderess, and asserted that she was kicked by her.

HOSPITALS AND GENERAL CONTRACTS CO., LTD.

A visit to the Hospitals and General Contracts Co., Ltd., 25-35, Mortimer Street, W., will demonstrate the rapid expansion of the business of this well-known firm, which now occupies the whole of the frontage on the ground floor of St. Andrew's House, and extends still further eastward.

There is much to attract the visitor in the various departments. Of special interest to members of the nursing profession are various appliances and inventions designed by nurses (who obtain a royalty upon their sale) placed upon the market by this firm.



Our illustration shows the "St. Clair Adjustable Ear Cap," for infants and children, very light and comfortable. It is easily regulated by means of the elastic lace here depicted. The objects are to correct outstanding ears, to prevent children sleeping with ears turned in, which often causes life-long disfigurement, and to keep in

place a surgical pad or dressing on a child with earache.

The "Lansdown" Bed Rest is a simple contrivance made in strong sail cloth, which is pliant and soft to the back. Its advantages are that it is easily adjusted, can be fixed to any bedstead, is portable and easily disinfected, it is cheap (costing only 8s. 6d.) and durable. It is attached by short straps to the head rail of the bed, and fastened by long straps to the foot.

The Quantoxhead Chair-Carrier is intended to fix on any ordinary household chair, converting it immediately into a carrying chair. When not in use it can be folded flat. It is suitable for district and ambulance work, as it is very portable, weighing only 8 lb.

A most practicable and useful invention is the Bidwell leg rest, made to the design of the late Mr. L. A. Bidwell, F.R.C.S., Surgeon to the West London Hospital. It is made of wire-woven material attached to a wooden frame and intended to prevent a helpless patient from slipping down in bed, or to support the knees of a patient when it is desirable that this should be done. The usual difficulty of removing pillows or appliances is obviated, as the angle of the leg rest can be flattened at will should the patient need attention.

The firm supply Aseptic Operation Outfits, including operation table, instrument table, steriliser for instruments, bowls, jug, drum of sterilised dressings, overalls and towels, &c., from £1 1s. within a four mile, or £1 5s. within a ten-mile radius, including delivery and collection. The outfit can be despatched at once on receipt of a telegram or telephonic message, from 9 a.m. to 10 p.m.

In the Pharmaceutical department special features are made of "Germide," an antiseptic bactericide both cheap and powerful, which is non-irritant and non-corrosive, and "Pural," a natural tonic food.

These are a few of the specialities of this enterprising firm, a visit to whose establishment is productive of both pleasure and profit.

THE MARVEL WHIRLING SPRAY.

The Marvel Whirling Spray is an appliance which commends itself to many by reason of its simplicity and convenience. The principle upon which it is planned is to dilate and flush the vagina not by a central solid stream, but by a volume of whirling fluid which permits the injection given to come into contact with its entire surface, thus dissolving and washing out excretions. It is claimed for the "Marvel" that half a pint of fluid discharged by this whirling spray is more cleansing and effective than a gallon used with any other syringe, and that, further, it causes no shock to the system.

A descriptive booklet will be sent on application to the Marvel Co., 11, Queen Victoria Street, London, E.C.

OUR FOREIGN LETTER.

NURSING IN GERMANY.

DEAR EDITOR,—So many things have happened in the German nursing world, about which I want to tell you.

You know that our Cologne Conference was followed in October by the biennial meeting of the German National Women's Federation in Gotha. A whole day was given to nursing affairs and Her Highness, the young Princess of Sachsen-Koburg-Gotha, a niece of our Empress, came every day to follow the reports and discussions. It was again "overwork" and "better training." Frau Oberin von Keudell, a Red Cross Matron, who was in Cologne, gave the report on three-year-training, and it meant a good deal for her to stand up for that, as the President of the Federation of Red Cross motherhouses, of course a man, and a former judge too, thinks that Red Cross Nurses do not need a State examination, which is only good for "free nurses," and the Red Cross never had more than six months' training till State Registration came.

I give the resolution verbatim:—

RESOLUTION.

"The growing importance of nursing in the social development of the German nation imperatively demands an extension of the period of training to three years, with due regard to domestic economy. Motions to this effect should be brought before the authorities concerned. Also, a proof of qualification on the basis of special training and examination, must be demanded of persons applying for posts of management or as instructors.

"In order that nursing may become a life-profession, the preservation of the health and strength of the nursing staff must be aimed at, through shortening the hours of duty, and increasing the staff, through separating day and night duty, and relieving from heavy domestic work, and through a sensible development of the material and ideal life conditions of the staff.

"A careful local, national and international organisation of nurses should be furthered with the greatest energy, as only by such an organisation can that self-help be developed which is necessary to the attainment of these aims.

"Special attention should be directed to the daily increasing abuses in private nursing. In order to check them, the authorities concerned should be called upon to make the admission to private nursing dependent on the evidence of having passed the state examination and of at least three years' practical experience, to enforce the licensing of nursing homes, and only to grant the license to qualified nurses with at least five years' experience, in order that the public may be protected against the inexperience and moral inferiority of nurses.

"It is most desirable that competent women should be elected for the municipal commissions for hospitals, in order to bring about reforms in the nursing profession. In addition to the

Prussian inquiry regarding the nursing institutions, an Imperial inquiry should be demanded. At the same time the nursing associations should be granted a hearing with regard to their judgment."

A tour of lectures and inspection followed the Gotha Conference. I travelled then to Magdeburg, Zeitz, on to Stuttgart, Ulm, Offenbach, Frankfort-on-Main, Heidelberg, and for a few weeks to Zürich to read the third and fourth volumes of "A History of Nursing," and began to arrange the material for my Leipzig lectures. I had to come back to Berlin in the beginning of January, as on January 11th our Association completed its tenth year of work.

We had a lovely banquet, splendid living pictures, again St. Elizabeth, St. Gertraud, the two Beguines as in Cologne, very sweet and beautiful all of them, quite different, of course, more simple but very lovely, and everything arranged and done by our nurses. After these a group of modern nurses brought a wonderful banner with our cross in red on shimmering white silk, the name of our Association in black around it, at the top the motto of our Association, "*Per aspera ad astra*," and beneath, between 1903 and 1913, our second motto "*Ich dien*" (I serve) in gold. The superb embroidery was much admired and the nurses from the Province of Pommerania gave a banner-ribbon in blue and red (the colours of their Province), embroidered in gold with the emblem of their Province, an eagle's head, and the motto "Aspiration." Our Saxonian nurses brought 500 marks in gold as the nucleus for a scholarship for our Leipzig courses, and seven nurses from Danzig had sent 14 marks for the same fund. (Since then it has increased to almost 1,000 marks, and, only think, 100 marks of it came from Dr. Kimura, the Japanese interpreter, who left for his own country a short time ago, but hopes to come back for good with his sweet young wife in some years.)

Then followed another quite new set of living pictures from "A History of Nursing": Friederike Fliedner, bathing her child and welcoming two new probationers, a simply wonderful Sairey Gamp, and your own Florence Nightingale "the Lady with the Lamp," sweet and womanly in the midst of her wounded soldiers. I believe the whole thing was again very German, sweet music given by nurses too, and a happy 400 of them had gathered from Berlin and the whole Empire for our Red Letter Day. Dr. Keilmann and his wife, a former Sister, came from Riga, Russia, Dr. Poelchen, the head of our training school in Zeitz, Dr. Jacobsohn, whom you may remember, from Cologne. Later in the evening merry dancing followed, and in between a jolly little play in verse, composed by one of our nurses, and acted by six of them, "A Proof Examination." They had gathered from all our hospitals a set of droll answers given in the real exams. It was a good thing to see, that enough spirit was left in our hard-working nurses to get up all this for our festival and to enjoy it as thoroughly as they do their work.

And then we all went back to face our work and battle of life, and hard enough it was. I hope

somebody will translate for you parts of our last year's annual report, which gives many details concerning our work during the whole decade. We gave almost 50,000 marks in six years to 558 sick and overworked nurses, 145 of them paid back about 14,000 marks. In the last year 16 nurses died, 12 of them only thirty-one to thirty-six years old, 2 were forty-two, and forty-three years old, and only 1 was fifty-one years old. Ten of them were in the profession from three to twelve years. It is a grim story and the increasing number of cases of illness does not make it less so.

Our Parliamentarians have talked in the Reichstag and in the Prussian Diet too, about Dr. Hecker's report, and the conditions of nursing, at different times at great length. Some of them put a good deal of heart and thankfulness into it, especially a fine man from Strassburg, who knows Dr. Hecker, and is one of our well-known professors of jurisprudence. He lost a son last year, and since then knows what the work of a nurse means to a patient and his family. But fruits there are none to be seen so far. It takes time, as you know, for governmental help to be accorded. May we live long enough to see it. No rest for us between, as you know well from your lifelong struggle.

With my whole heart I follow all things going on in your country, and long very much to be with you in Dublin in June. I am dreadfully sorry it is impossible, as my health does not allow me to think of it, even if my work would do so. For recreation I must translate the third volume of the "History" in, if possible, less time than the first ones, to finish it for Christmas.

Ever truly yours,

AGNES KARLL.

DISINFECTION IN TYPHOID CASES.

A correspondent sends us the following letter, which will be read with interest by those who have to deal with cases of typhoid fever. He writes: "Those in attendance on typhoid cases, not excluding trained nurses, often exhibit gross ignorance regarding the efficient use of disinfectants. Personally, I place reliance on Izal to keep the surroundings of the patient aseptic. Thus, I employ that preparation in a strength of 1 in 10 for the disinfection of enteric excreta. It has been shown, I believe, that a dilution of 1 in 100, or even 1 in 200, should be sufficient; but it is so important to render such excreta harmless as soon as possible, that I have preferred the stronger solution. For the disinfection of walls, furniture, &c., a dilution of 1 in 200 suffices; and this solution may also be used for the disinfection of soiled linen without fear of spoiling it. In the general cleaning of walls, floors, &c., I have found that the constant use of a 1 in 200 solution does not affect the hands of the staff employed for the purpose in a large fever hospital with which I was formerly connected."

OUTSIDE THE GATES.

WOMEN.

The Queen has become Patroness of Bedford College for Women (University of London) jointly with Queen Alexandra.

We are glad to note that the Faculty of Insurance recently formed to grant certificates of competence to officials of societies approved under the Insurance Act, has at last announced that women are not to be excluded, as was surmised by the fact that so far only men have been admitted as Fellows. We hope this omission will be speedily rectified, as there are many women competent to enter the higher branches of the insurance profession, who would willingly have their efficiency measured by the standard test, and who deserve the right to write F.F.I. after their names.

Mr. W. H. Dickinson, Member for St. Pancras, N., introduced into the House of Commons, on Thursday last week, "the Representation of the People (Women) Bill," which provides that women shall be entitled to be registered as Parliamentary electors on the same household qualification as men within the meaning of the Representation of the People Act, 1884, or who are wives of men entitled to be registered in respect of a household qualification.

The Bill "to provide for the temporary Discharge of Prisoners whose further detention in prison is undesirable on account of the condition of their health"—already widely known in the press as "the Cat and Mouse Bill," has been read a second time in the House of Commons. It is a thoroughly impracticable measure, as time will prove should it pass into law.

Mrs. Chapman Catt, the charming President of the International Women's Suffrage Alliance, will visit London on her way to Budapest to attend the International Women's Suffrage Congress in June; and the National Union of Women's Suffrage Societies is giving a Reception on Wednesday, May 7th, at Prince's Restaurant in her honour. Tickets for the Reception—which we hope will be a great success—may be obtained, price 5s. each, from the Secretary of the Society, 14, Great Smith Street, Westminster, S.W.

So far it has been stated that American women have not been subjected to the same indignities in their struggle for enfranchisement as Suffragists in this country, but as male nature is much the same all the world over when the question of the freedom of women's souls and bodies is concerned, we are not surprised to learn that the attempt made by "hoodlums" to wreck the great procession of women suffragists at Washington recently was quite on a par with the treatment

of the women by hoodlums in this country. Commenting on the scenes which occurred, *The Woman's Journal* states: "All things work together for the good of equal suffrage. If the Pageant Procession had been allowed to sweep along Pennsylvania Avenue unmolested in the full pride of its peaceful beauty, it would not have made half so many converts as have been made by the disgraceful treatment it received from the hoodlums, with the consent and encouragement of the Washington police. Many a man hitherto indifferent or opposed is asking himself, with disgust: 'Do I want to stand in with that mob which struck and spat upon respectable women, hurled lighted cigar ends in their faces, and assailed maids and matrons with language too foul to print?'" ———

The Ontario Legislature has supported those of Manitoba and New Brunswick in refusing the Parliamentary franchise to women, so that we women may take it that Canadian men who are most urgent, through emigration societies, in trying to secure women's domestic labour throughout the Dominion—as, of course, neither comfort nor profit are to be had without it—intend to use slave labour where women are concerned, for that is practically what the lack of the vote amounts to from an economic standpoint. We are all for some of our fine, self-respecting women going forth to Empire-build in our dominions beyond the seas, but let them pause before emigrating to lands where they are politically on a par with other farm stock, or where their skill is merely used without dignified co-operation with that of men. Women have done with the bad old days when "the reciprocity was all on one side," as the Irishman said. Women are fully enfranchised in Australasia and New Zealand. If Canada wants to compete with them for some of our best women she must shed her obsolete sex prejudice.

BOOK OF THE WEEK.

WILSAM.*

The definition of the title is given on the title page as "goods driven ashore when no wreck is visible, hence called 'Goods of God's Mercy.'" The name was given to little Mercy, cast up on the shore of her mother's former home. Mercy was the daughter of Edward Pardilow, who had loved and betrayed Milly Gatehouse, and had afterward married her unsuspecting sister. It was the widow of this man who, stricken with a mortal disease, was bringing the child Mercy to leave in Milly's charge, when the boat in which they had crossed was wrecked on the shore of her old home. Poor pretty Milly had by this time reached more than thirty years of age, but the shock of her lover's desertion had unhinged her mind, and subjected her to recurrent fits of

insanity. At the time of her child's birth her clouded mind had retained no recollections and she never knew she had borne a child, or that the boy who lived at her gate with her faithful servant was bone of her bone.

"T' would be a sinful thing to ask her in marriage now," decided Pierce Hassock, the man who still loved her. Only his mother who was blind and old and near to dying heard his one complaint of life. "I was too shart o' stature for the army, too shart-sighted for the navy, too shart o' brains for the lawyer business, an' now I suppose I'm too shart o' anything that will win a young gal's love."

At the time this story opens Pierce is an old bachelor, an autocrat to his two spinster sisters with whom he lives, but tender and watchful as ever over his poor sweetheart Milly.

Pierce, on one occasion, decided to ask ladies to his bi-yearly rabbit shoot.

"Is it to be a supper or a tea, Pierce?"

"Taint neether; it's a cross 'twixt the two. See the sweets is coloured and sugary an' all that, but not so mighty 'tickler about the flavour, as it's stuff I never touch, and see the card tables are brushed."

"Oh, it's to be cards then, brother?" Henrietta's eyes brightened, for she dearly loved a hand of whist.

"Cards in the dinin' room for the men," said their autocrat firmly. "Talk and a little pianner-playin' in the parlour for the women."

"I'm glad there'll be music, brother," said Harriet meekly. In the days of her youth she had sung with a voice as thin and sweet as the keys of a spinet.

"There won't be overmuch," he warned her. "I shall sing meself if they arst me, an' one or two of the ladies can, but there's no need to press 'em."

Mother Polly, the wife of the old Professor, is a delightful character, and one that is rarely met with, for in the midst of a strenuous life of poverty she possesses "the heart at leisure from itself to soothe and sympathise."

"One day I saw Marybud's little fat hand stretch up, and, half-unconsciously as sleep stole on her, finger at her mother's bodice till she unhooked it and placed inside a little hard Noah's Ark animal. Mrs. Mee looked up and found Marybud's father smiling down at them both.

"The child is laying up treasure in the only heaven she knows of yet," he said almost reverently.

"You dear old poet man," she murmured softly, and let a tear run down on the brown curls on her arm."

It is in such sympathetic writing as this that the main charm of the book lies, and though it cannot be said to rival its predecessor, "Ripe Corn," yet it is possessed of no little interest, and one is the better for the acquaintance of such talks as Polly and her Professor—not forgetting Hannah Anseed.

* By S. C. Nethersole. Mills & Boon, London, W.

THIS IS THE YEAR.

Forget all the Buried and welcome the Born!
Those that are coming are Real!
Plough for the Beautiful Dream of the Corn—
Build the Ideal.

Changeless the Past, but the Future is ours—
Open for us to endow;
Fruit of our purposes, proof of our powers—
Work for it Now.

All we desire is for us to create—
Here in our hands, here!
This is the Hour that is Never Too Late,
This is the Year.

C. P. GILMAN,
In *The Fore Runner*.

COMING EVENTS.

April 12th.—National Council of Nurses: Meeting
Dublin Conference Sub-Committee. 431,
Oxford Street, London, W. 4.30 p.m.

April 17th.—Meeting Central Midwives' Board.
Caxton House. 3.30 p.m.

April 22nd to 25th.—Annual Exhibition and
Nursing and Midwifery Conference, Horticultural
Hall, Westminster, London.

April 23rd.—Irish Nurses' Association: Lecture
on "Gynaecological Nursing," by Dr. Gibson,
34, St. Stephen's Green, Dublin. 7.30 p.m.

April 24th.—Association of Inspectors of Mid-
wives: Annual Meeting. Royal Horticultural
Hall, Westminster, S.W.

April 28th.—The House of Commons. The
Prime Minister will receive a Deputation from the
Central Committee for the State Registration of
Nurses. 4 p.m.

April 30th and May 1st.—Nurses' Missionary
League. Missionary Exhibition, Holborn Hall.
9.30 a.m. to 9.30 p.m.

NATIONAL COUNCIL OF TRAINED NURSES OF
GREAT BRITAIN AND IRELAND.

June 3rd.—Reception of Guests in Royal
College of Surgeons.

June 4th to 6th.—Conference and Exhibition
organized by the Irish Nurses' Association,
Royal College of Physicians, Dublin. Questions
of interest to be discussed:—Nursing Education,
Preliminary, Reciprocal and Post Graduate
Training; State Registration; the Nurses'
Registration Bill, its effect on the Nursing
Profession, including Hours of Work, Remunera-
tion and Privileges; the Law as it affects Trained
Nurses; White Plague (tuberculosis); Black
Plague (venereal disease); the Appeal of the
Insane; Poor Law Nursing; School Nursing;
The Training and Professional Ideals of the
Masseuse; the Legal Status of the Midwife; a
Just Midwives' Act for Ireland.

LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon
all subjects for these columns, we wish it to be
distinctly understood that we do not in ANY way hold
ourselves responsible for the opinions expressed by
our correspondents.*

NOISES IN NURSING HOMES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I came across your admirable
journal, which I now take, when in a Nursing
Home, and venture to send you a petition for
reform in them. (1) Can there be less noise?
(2) Can the patients be sure of a trained nurse,
who is fond of private nursing, and therefore
suitable for it, instead of one in so-called training,
or another "who hates nursing the leisured
classes"? (3) Can we have a higher standard of
personal cleanliness in the domestics who enter
the sick room so dishevelled and grimy, surely a
danger to surgical cases? (4) Is it possible to
prevent chauffeurs in the mews locking up barking
dogs whilst they enjoy their "joy rides"? (5)
Has anyone invented any little appliance
which a tortured sick person could slip over the
ears to prevent sounds, and (6) Can we patients
make a stand against being compelled to leave
our quiet and comfortable homes when the
doctors urge us to enter Nursing Homes, now that
aseptic conditions are quite possible if the operation
is properly provided for? I have had two opera-
tions, one in a Home where I suffered physical
and mental discomfort and worry chiefly from
noise, and one at home, with two good nurses in
attendance, where I was made most happy and
comfortable, at half the cost. Very few men
doctors realise the torture to a woman's nervous
system from noise when health is broken; it is
no good arguing about it and pooh-poohing.
May I add I have been most kindly treated by
all nurses in and out of Homes, but houses in but
few London streets are suitable for hospitals, and
in these days of motor-cars they should only be
licensed in quiet districts.

Yours truly,
A SUFFERER.

MORE MALE NURSES 'REQUIRED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I wish you would use the in-
fluence of THE BRITISH JOURNAL OF NURSING to
ventilate the necessity of appointing more male
nurses in Poor Law Infirmaries, to attend the large
number of male patients suffering from venereal
diseases. In our large country infirmaries quite
young women nurses are expected to attend these
cases, and sorry as one is for their misery, young
women should be protected from contact with them.
I should not have ventured to write to the Press
on this matter had the opinion I have expressed
met with the sympathy it should have done from

those in authority in institutions where this abuse exists. One of my fellow probationers was removed by her mother, when she learned the sort of work she had to do.

I am, yours truly,

A PROBATIONER.

HOSPITAL NOVELS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have read the "Hospital Novel" referred to in your last issue, and while it is certainly much superior in my judgment, both as to style and standards, to that dealing with a cottage hospital, which left an exceedingly nasty taste in the mouth, I think the moral of this one is bad also, for it makes heroes and heroines of young people—both nurses and doctors—who are far from that, but undisciplined and deceitful. The nurses, at any rate, are deliberately breaking rules which they have undertaken to keep, and the house staff unwritten laws which they know, as honourable men, they ought to observe. Why then glorify them and excite sympathy for them, and belittle those in authority who are conscientiously endeavouring to do their duty?

What may be the outcome of this deception is to be seen in the case of one of the characters, who is ruined by a member of the house staff of the hospital concerned, and exposure is only avoided by her timely death from typhus.

Will not someone write a picture of hospital life for us, depicting the matrons and sisters whom many of us have known, women whom it has been an honour to serve under, who have had a profound influence on our lives subsequently, to whom we turned in our early days in hospital for instruction and for support in emergencies, and never in vain, who are still to us embodiments of all that a trained nurse should be, as we tread the difficult way, made easier by the fact that their footsteps have gone before, and their example heartens and stimulates us? Most nurses could testify to inspiration received in this way, but it is the fashion for the novelist to decry those in authority, and to give—not to us who know—but to the general public, a quite erroneous impression thereby.

I am, dear Madam,

Yours faithfully,

STAFF NURSE.

P.S.—I am not a "Matron's spy."

ECHOES FROM THE PAST.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—An incident referred to by Miss Beatrice Kent in a recent issue, showing the lengths to which tyranny may be carried without the protection of State Registration may be followed up by the following: Somewhat over twenty years ago, in a certain Scottish Hospital Training School for Nurses probationers had to train and qualify without lectures, because forsooth the senior surgeon disapproved of lectures

for nurses. The matron—a woman of education and in most things of liberality of mind—actually acted in concert, and supported this person's intolerance and ignorance. Lectures the nurses had, and good ones, too, from the house-surgeons, but they were unauthorised, and although not prohibited, were not encouraged by the matron, who never countenanced them by her presence.

The surgeon in question did his operations and dressings under the Lister Carbolic Spray, which by that time had been discarded by its great surgeon-inventor. Instead of putting on an overall, clean apron, or even setting to work in his shirt sleeves, an old jacket was donned and the collar carefully turned up to protect his own linen. Lastly I may mention that a favourite pastime of this surgeon was to swear at the nurses or at least at those who would be sworn at!

Could this have happened under Registration? I say no.

I am, yours truly,

TRUTH IS STRANGER THAN FICTION.

REPLIES TO CORRESPONDENTS.

District Nurse.—A midwife who has been in attendance upon a patient suffering from any illness supposed to be infectious is not allowed by the rules of the Central Midwives Board to attend another labour until she herself, her instruments, and her appliances, have been disinfected to the satisfaction of the Local Supervising Authority. It therefore devolves upon the committee by whom she is employed to make provision for the proper care of any maternity cases which may occur while she is infected. You are not a midwife, but are undertaking her work. The Central Midwives Board has therefore no jurisdiction over you, but unquestionably the same course should be pursued in the interest of the patients.

OUR PRIZE COMPETITIONS.

April 19th.—What are the dangers (a) to the mother, (b) to the child, in a case where there is a purulent vaginal discharge at the commencement of labour.

April 26th.—Mention some of the uses of the skin, its condition in health, and some prominent features characteristic of disease.

THE SILVER JUBILEE NUMBER.

ORDER EARLY—PRICE 1d.

On April 19th we shall publish the Silver Jubilee Number, and we invite our readers' assistance in making this a notable event. We shall hope for whole-hearted support in spreading THE BRITISH JOURNAL OF NURSING far and wide. Let every reader who appreciates what this Journal has done for the profession throughout the world make it her duty to bring its work to the notice of her colleagues by filling in the order form for extra copies, to be found on page xii of our advertisement pages, and returning it to the manager, so that we may estimate how many thousands of extra journals will be required.

The Midwife.

ALBULACTIN FOR BREAST-FED INFANTS.

An acute problem for midwives and district nurses is that of the supply of a satisfactory food for infants where the mother's milk fails or does not suit the child. It is manifestly impossible for a labourer's wife, having several children, and an income of less than a pound a week, to purchase any of the various foods for infants, or good fresh milk in sufficient quantity.

A case recently brought to my notice was that of the fourth child of a cottager, now forty-five, the first child having been born when she was thirty-eight. The family income is sixteen shillings a week, of which four shillings goes for rent. The mother is unselfish and conscientious, taking all possible care with her own diet and health. She has nursed each child with the same result: continuous flatulence, colic, sickness, restlessness, and screaming throughout the nine months. They were all small at birth, about 5 lb., gained weight very slowly, and were pale, pinched and ill-nourished in appearance. At about the age of two years each child began to improve and to attain an average degree of health.

At the age of three months the latest infant developed a severe chest cold, and was obviously losing weight. The mother was in despair, as the prospect of artificial feeding was very serious to her. So I ventured on an experiment with albulactin. We began to give the baby, *immediately* before each breast feed, 5 grains of albulactin dissolved in 3 teaspoonfuls of warm barley water, made with Robinson's patent barley, and sweetened. At the end of twenty-four hours there was a marked improvement; the flatus was diminished, the screaming stopped, the child slept quietly after each feed, and its expression became contented. The cold and cough disappeared in five days.

The same treatment has been continued for six weeks, and the change in the child is so great that the parents say they 'don't know him for the same baby.' He has gained steadily, but I have no opportunity of weighing him. The limbs are now firm and healthy, the eyes have lost the staring, anxious expression they had, there is colour in the cheeks, and the

baby now sleeps quietly between each feed in a well-ventilated bedroom upstairs—an important factor in the improvement. When awake, he lies contentedly and plays with his fingers.

The mother intends to continue this method of feeding, difficult though she finds it to provide the cost of the albulactin. An important point in this case is that both parents have extremely delicate digestions, and cannot take many ordinary articles of diet.

In the case of a larger infant, 5 grains of albulactin would probably not be enough. My object in giving the albulactin just *before* each feed is to ensure its being mixed with the mother's milk in the stomach. If given at the end of a feed, there would be danger of the albulactin being returned. Possibly in some cases it might prove more successful to administer the albulactin when halfway through the breast feed.

To those midwives who urge their patients to persevere with the breast feeding even when their milk causes gastric disturbance in the child, as being the lesser of two evils, this experiment may suggest a way out of a prevailing difficulty.

HEALTH MISSIONER.



VOMITING IN INFANCY.

The *Boston Medical and Surgical Journal* says that vomiting in breast-fed infants is probably due almost always to a too high percentage of fat, caused by overfeeding and lack of exercise on the part of the mother. Her daily life should be regulated and the milk diluted if necessary. In bottle-fed babies some cases result from giving too strong a formula at the time of weaning. Too frequent feedings and too high fat percentage may also be the cause.



PREVENTION OF OPHTHALMIA NEONATORUM.

A German medical journal recommends the use of argenticum aceticum for the eyes of infants instead of the 2 per cent. solution of nitrate of silver commonly employed. The acetic silver solution 1-100, or 1 per cent., remains unchanged for a very long time, is much safer than the nitrate of silver, and the reaction following its use is much less.

EXTRAUTERINE PREGNANCY.

One of the gravest accidents which can occur to a woman with child is extrauterine pregnancy. Urgent symptoms may occur with alarming suddenness, and it may happen that a midwife may be the only person present. She will, of course, if she suspects such a condition, send at once for medical assistance, but it is very important that she should clearly understand the significance of the emergency, in order that she may render the medical practitioner efficient assistance.

The British Medical Journal publishes the following note on a contribution to an exchange.

Dr. Farrar Cobb has made an investigation into the question of the management of grave emergency cases of extrauterine pregnancy with the object of obtaining information as to the wisdom of immediate operation in desperate cases of rupture with severe hæmorrhage, as in a recent discussion delay was advised in some cases. He studied 137 cases of tubal and interstitial pregnancy in Massachusetts General Hospital from 1902 to 1910. His conclusions are: (1) More than one-third of all cases of extrauterine pregnancy occur in women who have never before been pregnant. (2) Pelvic inflammation or salpingitis is not an essential or even frequent causative factor. (3) Most of the cases of complete rupture with alarming hæmorrhage occur in the early weeks, often in the first month; these are the cases which are rapidly fatal unless operated on. Cases that have gone two months or more are those which furnish the greatest number of non-emergency cases. (4) Cases of sudden severe rupture, in which signs of marked intra-abdominal hæmorrhage are present, often simulate other grave abdominal emergencies. (5) In grave emergencies, with signs of extreme hæmorrhage, operation should be done at once without waiting for a possible reaction. (6) In the less severe cases of tubular rupture, without signs of marked hæmorrhage, a correct diagnosis is often difficult or impossible. (7) The menstrual history cannot be relied upon; many of the most alarming cases had skipped no period. (8) The character and location of the pain may vary within wide limits. (9) Tubular abortions are nearly as frequent as tubular ruptures.

The author insists upon a very minute technique; absolutely everything in connection with the operation should be in readiness before it is begun. Shock and collapse, until the hæmorrhage is stopped, should be combated by morphine subcutaneously and artificial heat. The anæsthetic should be ether. At the first signs of muscular relaxation the patient should be placed in the Trendelenburg position and abdomen opened in the middle line. Without attempting to evacuate the blood and clots first, one ovarian artery and then the other should be caught with long clamps. As soon as this is done intravenous salt infusion should be started, strychnine given, and the blood and clots washed from the abdominal cavity with generous use of hot salt solution. The tube in which the pregnancy is located should be

doubly ligated and removed and the abdominal wall closed by through-and-through silkworm gut sutures without drainage.

The patient should be in bed in fifteen minutes from the time the anæsthesia is started.

MOTHCRAFT COMPETITIONS.

The mothercraft competitions organised by the Association of Infant Consultations and Schools for Mothers, with a view to testing the skill of the mothers attending these consultations in London, takes place on Saturday, April 12th, the last day of Health Week.

A PROBLEM FOR THE INSURANCE COMMISSIONERS.

An unusual case of childbirth occurred recently at Barrow, near Clitheroe, which offers a problem for the solution of the Insurance Commissioners. On February 24th a married woman gave birth to a healthy boy, and received the Maternity Benefit under the Insurance Act.

In due course the mother resumed her household duties, but on April 4th, that is to say within six weeks of her previous confinement, she unexpectedly gave birth to a baby girl, who is also living and doing well.

It would be of interest to know from the doctor in attendance the condition of the uterus of the mother after the birth of the first child and during the puerperium.

The views of the Insurance Commissioners as to the eligibility of the mother for a second Maternity Benefit will also be awaited with curiosity.

The condition is one which, of course, is known to occur, and there are cases in which the uterus is double, each half having its own ovary and Fallopian tube, so that there may be a pregnancy on one side, or on both sides together, and one fœtus may be weeks, or months, older than the other. In such a case, if both sides of the uterus expel their contents at the same time a mature and an immature child will be born. Or the second half may go full time, as has evidently happened in the present case.

MATERNITY BENEFIT IN SCOTLAND.

In answer to a question by Mr. Watt, Mr. Masterman said in the House of Commons, "No full information is yet available as to the different forms in which the Approved Societies in Scotland are (within the discretion allowed to them under the Act) administering maternity benefit, but I am informed by the Insurance Commissioners that some of them are giving a part of the benefit otherwise than in cash—e.g., paying a doctor or providing necessities required in connection with the confinement."

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EDITED BY MRS BEDFORD FENWICK

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Vol. L.

EDITORIAL.

OUR SILVER JUBILEE.

In this issue we celebrate our Silver Jubilee, for this Journal has each week, for twenty-five years, come before the nursing profession advocating and promoting its best interests, working for its organization, and, we are proud to know, exercising a profound influence in regard to the consolidation of our profession throughout the world, and the standard of the service it should render to the sick.

The result of this influence is to be seen in the Acts for the Registration of Nurses placed on the Statute Books of many of our self-governing colonies, and of foreign countries and states, and in the fact that in the United Kingdom a Select Committee of the House of Commons has reported in favour of the Registration of Nurses by the State; the House of Lords has passed a Bill with this object without a division, and all the organized societies of doctors and nurses supporting the principle are united in a Central Committee, and have agreed upon the provisions of the Bill in charge of the Right Hon. R. C. Munro Ferguson, M.P., in the House of Commons, and are uniting in its support.

We emphasize this primary object of the paper because it cannot be too well realized by those who are adherents of the principle, that when a Nurses' Registration Act is placed upon the Statute Book of this country THE BRITISH JOURNAL OF NURSING will be the professional Journal which has fought and won this battle for British nurses, a battle, the importance of which cannot be overestimated, for the registration of nurses includes much more than the compilation of a list of names to be placed in a book. It is the foundation of all professional progress, and sound organization.

The Nurses Registration Bill gives the nursing profession the right to a voice in the regulation of its own management, in regard to the standard of professional education to be maintained, and the discipline enforced amongst its members, and when it passes into law it must exercise a wide-spread influence on the economic conditions under which those members work.

Membership of a corporate body carries with it certain responsibilities, and a nurse has definite duties to her profession and the public as well as to her patients. She has a very poor conception of her duty if she conceives she has discharged it when she has fulfilled her obligations to the one or more sick people in her immediate care. It is incumbent upon her to help to secure efficient nursing for the sick throughout the kingdom, and this she can do best by supporting the Nurses' Registration Bill. This Journal has therefore always stimulated the development of a sense of public duty amongst nurses in the interests of the sick whom they serve.

To those Matrons and nurses, throughout the world, who—realizing the great issues which are involved, and the consistency with which this Journal, keeping those issues before it, has fought for them at the risk of unpopularity—have supported it in its work for the nursing profession and the community at large, the Journal offers its sincere appreciation and thanks.

Not a few of our readers have subscribed to it from the first issue of *The Nursing Record* on April 5th, 1888, to the present number. If they turn back to that first modest venture (then a proprietary Journal unprofessionally edited and controlled) we think they will acknowledge that our aim to develop the paper on professional lines has proved how indispensable such an organ is to the nursing profession in every country.

FEVER AS A SYMPTOM.

BY MISS A. CARSON-RAE.

The word fever is generally associated in the public mind with some infectious or contagious illness, such as scarlet fever or enteric fever, &c. But fever (or pyrexia) has a much wider significance in the nursing world, as it is used to indicate a certain rise of temperature, showing the body is not in its normal condition. It is as a symptom common to many diseases that fever is to be considered, and one or two things must be pointed out which may be useful to the nurse in her everyday work.

First let us glance at the clinical thermometer (Fahrenheit) and see how it is divided:—

- 95° to 98°, Subnormal.
- 98° to 99.4°, Normal.
- 99.4° to 101°, Febrile.
- 101° to 105°, Pyrexia.
- Above 105°, Hyperpyrexia.

The first point where fever, as a rule, starts is 99.4°, but from that to 101° it is very mild. Sometimes a patient is admitted with a temperature between these two points, and on examination nothing can be found to account for it; there is only a little fever, and after a few days the temperature drops to normal, and the patient is all right again. Children especially are liable to this rise of temperature, and it may only be an attack from over-eating, which a dose of aperient medicine will relieve. That is a case of simple fever or febricula.

When the temperature gets into the next stage, between 101° and 104°, it is seldom that it does not indicate some more serious form of illness.

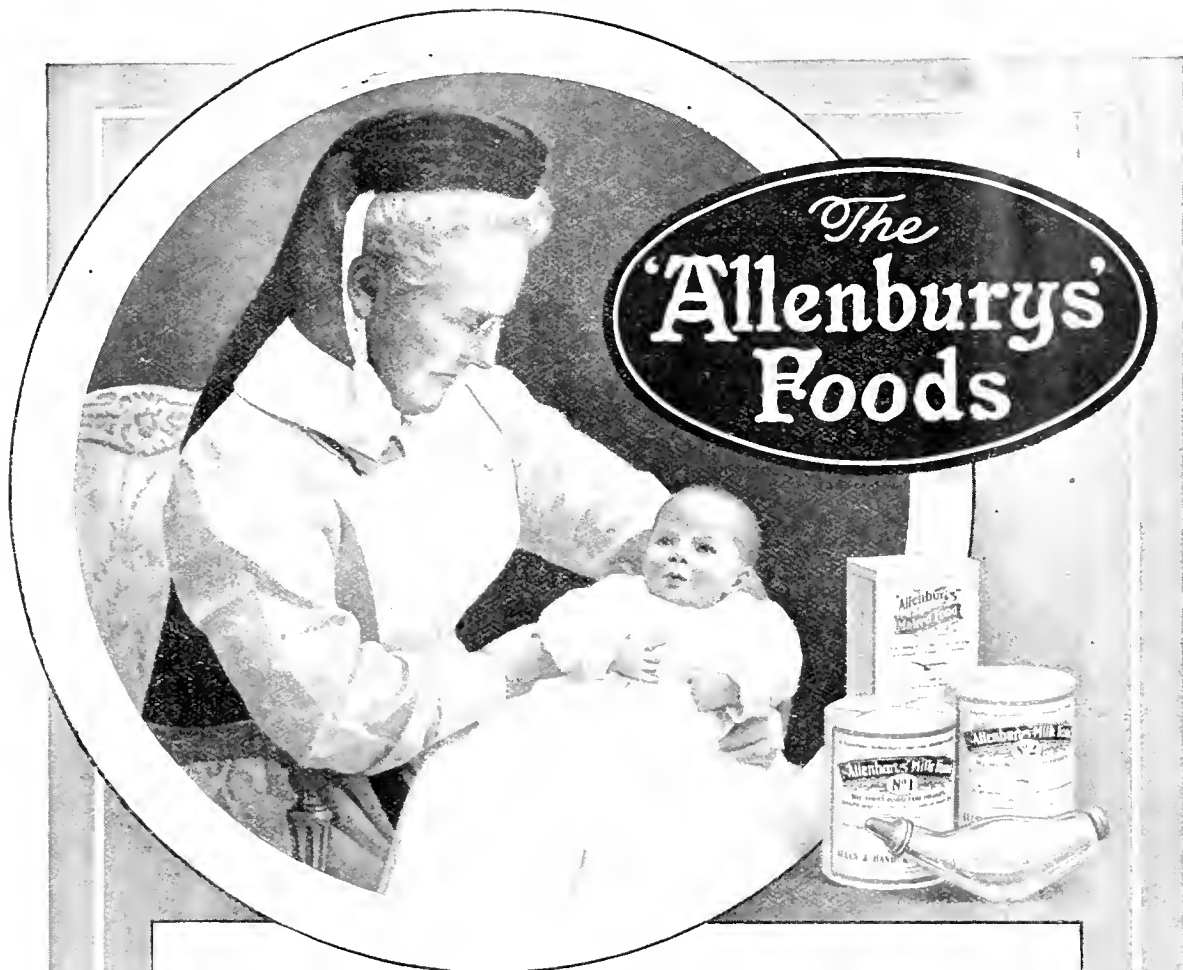
Now, what changes are actually taking place in the body during fever, apart from the disease the patient may be suffering from, and of which fever is only one symptom? There is loss of fluids, the skin is dry, and the secretions are generally scanty. There is also great waste, as the burning process is going on much too quickly, and the body is very hot and uncomfortable. Continued high fever weakens the muscles of the heart, and this naturally reacts on the pulse and sets it wrong. The heat and discomfort of the body make the patient restless and wakeful, and so in turn the nervous system gets out of order. The digestive organs are affected by the secretions being scanty, and there is loss of appetite. Thus one sees that every part of the body is more or less interfered with by a continued high temperature. This condition is common to nearly every acute illness. But although the cause of such disturb-

ance, a certain amount of fever is considered a good symptom, for it also acts as a curative agent by helping to destroy the microbes of the disease from which the patient is suffering. A fairly high temperature in an acute illness generally shortens both the acute and convalescent stages. Fever has two ways of starting—the insidious onset, as in enteric, and the sudden rigor of pneumonia. The defervescence takes place in the same way—the gradual decrease day by day, called lysis, and the rapid drop called crisis.

As we see that fever takes a fairly prominent place in the course of an acute illness, it follows that the taking of the temperature, which is the recognised way of finding out what amount of fever a patient has, must be carefully and accurately done. There are one or two points which it would be well for nurses to remember. Always take the morning and evening temperature at the same hour each day. If the time is 8 a.m. and 8 p.m., begin at the same bed each time and go round the ward in the same order. By doing this, the temperatures will very nearly be taken at the corresponding hour. Do not start at the right-hand side of the ward in the morning and the left-hand in the evening, for it may make a difference of nearly an hour, that is, the patient whose temperature was taken at 8 in the morning will be taken at 9 in the evening. An hour later or earlier often makes a material difference, and one ought to remember that it is a twelve hourly chart that is required.

The temperature can be taken either internally or externally, the intern being reckoned about a degree higher than the extern; so if a chart is started with an intern temperature, it must be continued intern. It is the more accurate one, for the limbs do not always fit closely to the body, and therefore the thermometer cannot be held tightly enough in place. Under the tongue, in the rectum or the vagina are the three places to take intern temperatures. For adults who are in their proper senses, under the tongue is most convenient, but it is necessary to watch that the lips are quite tightly and firmly pressed together, and also that the thermometer is held steadily. It can be made to rise several degrees by being gently rolled about. In the rectum is the best place for children.

The extern can be taken in the axilla or the groin. To take it properly, one must first wipe out the axilla with a dry towel to remove any moisture, insert the bulb right in the axilla, press the arm from shoulder to elbow close to the body, and bend the hand up until it clasps



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[Extract from the Nurse’s letter accompanying the above portrait.]

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the opposite shoulder. By so doing, the arm will be as close to the body as it is possible to have it. The other external place is the groin, but the lower limbs do not fit closely, and consequently the temperature is not so accurate.

Delirious patients, lunatics and young children, should never have their temperature taken under the tongue, as they are apt to bite the bulb off the thermometer. If a temperature is unusually high, the nurse should always take it again, and stay beside the patient while doing it: so often nervous patients and malingerers play tricks with the thermometer.

Where a separate thermometer is not provided for each patient, a bowl with disinfecting lotion should be at hand, and the thermometer thoroughly cleansed before being used again.

The thermometer must always be shaken below normal before being inserted.

Nurses doing private work should be careful to have a properly tested thermometer: the cheap ones are by no means accurate. It is quite worth the extra money, to buy one which has been tested.

By following these few simple rules, a nurse will make her temperature charts valuable, and she will also be able to follow intelligently the course that the fever symptom takes in each acute illness. Fever is an important symptom, and a neat and accurate temperature chart is valuable. I have sometimes heard doctors say that they placed no reliance on the temperature because the charts were not properly kept. Not because the nurse did not know how to take a temperature, but simply because she would not take a little trouble over it.

It is always worth taking trouble over small things, and those who do know well how to tackle big affairs when they occur.



Reports have been constantly received both by telegram and letter concerning the condition of Sister Obec, British Red Crescent Society, warded with enteric in a very serious form, at the British Seamen's Hospital, Galata, near Constantinople. Her many friends will be relieved to know that her condition is improving, and that there is now hope of her recovery. All that medical science and nursing can do has been done to save her life, which has been seriously imperilled. Sister Wheatley, whose good work has been so much appreciated in Turkey, will soon be returning home. Sister Stewart and Sister Dryhurst have now returned. Since the closing of the St. Stefano Hospital, Sister Warriner has been transferred to refugee work, by request of Colonel Surtees.

THE CARE OF LONDON'S SCHOOL CHILDREN.

Now that the principle of caring for the health as well as of the education of school children is recognized as a national duty it is wonderful what a number of agencies, preventive and remedial, have been brought to bear upon the daily life of the children, with the greatest benefit to their physical, moral, and social wellbeing, a fact which is deeply impressed upon one by a visit to some of the centres where the London County Council, through its teachers, medical officers, and its splendid staff of trained nurses is doing more for the present generation of children than has ever been accomplished or attempted before.

THE OPEN-AIR SCHOOL.

Take, for example, the work done in the open-air schools, as typified by that at Birley House, Forest Hill, where 90 school children, from six to fourteen years of age, suffering from various forms of incipient disease—mostly lung trouble—lead a healthy, happy life from nine in the morning, when County Council trams, which have gathered them up from the slum districts along the river from Battersea to Deptford, deposit them at the door. Before long the school is to be moved to Herne Hill, where its benefits will be extended to 200 children, and even so there are 800 seeking admission whose applications cannot be entertained.

After seeing the work at Birley House, and noting its extraordinary effect in restoring to health children who are below par, one wonders why any school children are cooped up within four walls; why the more robust children are not educated under conditions which must strengthen their constitutions and help to raise a virile race invaluable to the nation in commerce and every branch of public life as well as for national defence.

At Birley House the children are under the direct supervision of a medical officer and a certificated nurse, Miss Barton, a permanent member of the staff, who not only closely supervises the children, but undertakes the house-keeping for this large family, sees that every child is bathed once a week, when underclothing and heads are inspected, and instruction given in the care of the nose, ears, teeth, and nails, &c.

The bathing is done in ordinary bath tubs, for the whole teaching and atmosphere of the school is to inculcate habits which may endure throughout life, and a child who has been accustomed at school to a palatial bathroom

with every latest appliance will suppose on his return to the ordinary tenement that a bath is unattainable, whereas an ordinary zinc or other tub is easily obtainable.

On arrival the children have their first meal. Let no one think that this provision of meals is merely to relieve parents of their rightful responsibility. In the first place, those parents who are able are expected to contribute towards the cost; and, secondly, the question is often not so much one of providing sufficient and wholesome meals, as of dieting a child whose digestion is out of order, and therefore really comes under the heading of medical treatment.

difficulty is experienced in inducing them to do so, but eventually it is overcome, to the great benefit of the child, as reference to the weight record on the carefully kept charts in reference to each child, showing height, weight, and hæmoglobin, will show.

Lunch is served at 11—bread and butter or dripping in the summer, and hot soup in the winter. Dinner at one o'clock consists of joints, fish, meat puddings, two vegetables, puddings (jam, fruit, or milk), or stewed fruit. Tea at five includes milk, bread-and-butter (brown, white, currant), jam, cake, or fruit once a week. All this at a cost of 2s. 6d.



BIRLEY HOUSE SCHOOL, FOREST HILL. TWO HOURS' NAP EVERY AFTERNOON.

It is in such cases that the supervision of a trained nurse is invaluable.

The ordinary meals are served in a "feeding shed," which is really a shelter roofed over and open on all four sides. Ten children sit at each table, with a "father" and "mother," i.e., monitors chosen by the children themselves presiding at each table. The master, Mr. A. J. Green, and the staff have their meals at a separate table in the same place, and by this means, largely through control exercised by the children themselves, table manners are instilled, and little supervision on the part of the teachers is necessary.

Breakfast, served at 9 o'clock, consists of porridge, milk, or bread and milk. At first new children are averse to taking the milk, and

per week per child. Although the meals have been served in the open air all the year round, for the last two years, and the house is never used for lessons, no child has ever complained of the cold. On cold days they are clad in blanket coats, and mackintoshes and clogs are provided in wet weather and for garden work. These coats, warm and cosy, made of half blankets, are to be seen hanging in rows on a stand provided for the purpose, and on the reverse side the mackintoshes, which, if need be, cover the children right up, and the weather must be bad indeed which penetrates through the thickness of the clogs.

One very important point is insisted on with these children, who come from crowded homes

where late hours are kept, namely, two hours' rest after dinner, in hammock chairs, snugly tucked up in blankets when the weather is cold. Silence is insisted on, and 90 per cent. of the children obtain thoroughly refreshing sleep. The Master, Mr. A. J. Green, places so high a value on this rest for the type of children received at Birley House that he places it second

and street loafers, and, while they are under his influence and guidance, his whole energies are bent to inspire them with a love of a free, open-air life, and with a desire for colonization, and for the freer, healthier conditions under which they may develop into valuable citizens.

It is wonderful what can be done with a garden. Here the embryo colonist can learn to



THE MATERNAL INSTINCT.

in order of importance, food being given the first place, and open air the third.

Breathing exercises, to which ten minutes are regularly devoted twice a day, are found to be of great value, especially after operations for the removal of adenoids and enlarged tonsils.

But improvement in health and progress in education are not the only aims of the system at Birley House. The headmaster takes a much wider view of his responsibilities to his young charges, both boys and girls. He realizes that for boys coming from slum homes the prospects for the future are limited to those of costers

reclaim and fence waste ground, to sow a rotation of crops, to build a log hut and its accessories, and further—delightful to both boys and girls—to prospect for concealed minerals. The successful prospector plants his (or her) flag and registers his claim, and as a reward for his observation is made a "Captain of Industry"; he obtains the necessary labour to work the claim through, a labour exchange managed by the scholars, and gradually, as the scheme develops, the children learn the civic lessons of co-operation, of the advantage of division of labour, of self-help, and independence, and it is

not the fault of Birley House if its scholars do not qualify as useful citizens.

For the girls, dolls provide an additional opportunity for many a useful lesson, as well as an endless delight, as may be gathered from the charming illustration of a doll-dressing competition.

In all their efforts for the good of the children the Medical Officer and Headmaster have the sympathetic co-operation of Nurse Barton, who evidently has the welfare of the scholars very closely at heart, and through her trained skill and knowledge is able to give invaluable help, and to be a real friend to the children, many of whom do not know the meaning of the word "home."

All honour to the London County Council and those of its officers who, through humane and intelligent methods of education, are doing so much to develop the slum child, and, from most unpromising material, to rear citizens healthy in mind and body.

By the kindness of the editor of the *Daily Mirror*, the interesting illustrations of this article are produced from its copyright photographs.

MARGARET BREAY.

THE INTERNATIONAL COUNCIL OF NURSES.

SAN FRANCISCO, 1915.

California makes fiesta
And invites the world to sup,
While the kiss of her abundance
Drops a pearl in every cup.
Man has cut the earth asunder
For the highway of the world--
There the seas clasp hands in wonder,
There "Old Glory" is unfurled.

The illustrated advance programmes being issued by the United States Government of the Universal Exposition to be held at San Francisco, to celebrate the opening of the Panama Canal, just make one's mouth water with longing to be there. Even from paper the imagination sums up a dream of beauty. Those who travel westward through the scenic wonders of the wonderful American continent will find at the Golden Gate of the Pacific an Exposition—the first to be held on the shores of an ocean—without question the most varied and complete mankind has ever seen.

The Opportunity of a Lifetime! Alas! of so little financial value is the arduous work of nursing in Europe, that only a very limited number of our nurses will be able to find the £80, the least sum which a visit to San Fran-

cisco will cost; for real pleasure £100 will not be too much. Yet what an education such a trip would be.

Miss Dock is set upon our having "our own train" of tourist sleeping cars—which are of wicker, and have facilities for light cooking, "quite delightful for a party of friends and much less costly than ordinary travel." Imagine the charm of travel under the circumstances. According to a suggested route, it would be just a nine days' picnic. This sounds very fascinating. There are eleven routes by which the traveller can cross the American continent—some, of course, much more expensive than others—and you can race from London to San Francisco in ten days. But this would not be a wise or instructive plan. Once we start we want to see all of the wonders of America we possibly can for our money. The route put before the International Council of Nurses would include going from England to Montreal by steamer, sailing up the glorious St. Lawrence River, and then on to Niagara Falls by Pullman car; while here the circular tour of about twenty miles via the Great Gorge Route would be followed, which gives one a most impressive view of both the Canadian and American Falls. Then away through Canada and Michigan to Chicago, visiting all its principal sights, and then through the great grain-fields of Nebraska, passing Omaha and Lincoln to lovely Colorado Springs, situated on a plateau thousands of feet above the sea, with Pike's Peak, 14,500 feet, and other lofty mountains in the distance. From here a visit would be paid to Manitou and the Garden of the Gods. From Colorado via Denver to Salt Lake City. The scenery along this route is unequalled in America, passing the great Royal Gorge, through the Canyon of the Grande River, Tennessee Pass, Continental Divide, and the celebrated Castle Gate. From Salt Lake City, of Mormon fame, a visit would be made to Saltair Beach on the great Salt Lake. On via Ogden one crosses the marvellous "Inland Sea of Utah," running for several hours with the water almost beneath the cars, and lapping either side of the railway tracks. In the distance superb ranges of mountains, snowclad, sunset flushed, in an exquisite atmosphere where the colours are eternally changing. Then across the valleys of Utah and Nevada, until you arrive at the top of the Sierras, and for the next six hours drop gently down from the pines and snow through the flower-perfumed air of the Sacramento Valley, and arrive at this city of San Francisco, so marvellously rebuilt from its ashes, which is, in fact, five cities grouped around a magnificent island-dotted bay, upon

land-locked waters so vast that all the navies of the world might anchor there at one time! A bay along whose western park front breaks, in eternal diapason, the Pacific Ocean, sweeping in from China and Japan; which has on its north the Golden Gate, whose south suburbs present long miles of palaces and gardens, to the east agricultural lands vying in richness with the valley of the Nile, and across the bay to the north, range for mile after mile of beautiful villas, vineclad and rose-gardened. A land of sunshine and of abundance, of gorgeous fruits, and riotous flowers.

Where the climate is an Eden,
Where the Winter is a Spring,
Where the Summer is eternal,
And the birds for ever sing.

* * * * *

Here the moon flings down her silver,
And the sun flings down his gold;
With the gems still in the water
Where the stars fell down of old.
When the sun sinks in the ocean,
Like a monster burnished gold,
You behold the God of Glory
Closing up the Golden Gate.

The Panama Pacific International Exposition will open at San Francisco on February 20th and close on December 4th, 1915, and the Nurses of the World have planned to hold their International Congress there early in June of that year. From Europe, Asia, Africa, and Australasia they will forgather in America, and two years' time is not overmuch in which to carry out all the arrangements for so universal a meeting.

Next week we shall touch on the return route suggested for the I.C.N., which would be equally if not more delightful than the outward journey. Then, don't forget it, there are eleven alternate routes from the Atlantic to the Pacific. We shall mention them.

E. G. F.

THE DUBLIN CONFERENCE AND EXHIBITION.

In an early issue we hope to be able to publish the entire Programme of the Nursing Conference and Exhibition and the details of its social side, to be held in Dublin from June 3rd to 6th, which are still under consideration; but that our Irish sisters are busy and full of plans for its success is evident by the arrangements already made.

TUESDAY, JUNE 3RD.

On Tuesday, June 3rd, the Irish Nurses' Association are holding a Reception in the College of Surgeons, at 8.30 p.m. A large number of guests are to be invited, including all members of the

Conference. We know how genial and hospitable is the Irish nation, so anticipate a delightful welcome. We learn that a lovely Hygeia and a procession of early nursing explorers, pioneers and saints are to appear at this reception, taken from the programme of the Nursing Pageant held in London, and that full tableaux are to be presented at the Abbey Theatre on the following night, arranged by some of the best amateur actors in Dublin, who find themselves immensely interested in their organization. Of beauty and talent there is an abundance in the Emerald Isle, so these living pictures should be well worth seeing.

WEDNESDAY, JUNE 4TH.—MORNING SESSION.

Mrs. Bedford Fenwick, President of the National Council of Nurses, will preside at the opening session of the Congress at 9.45 a.m., in the Royal College of Physicians, where the Conference will be held, when Miss Huxley, President of the Irish Nurses' Association, will give the Address of Welcome. Nursing Education will be the subject of the Session. Miss Haughton, Matron of Guy's Hospital, will present the first paper on "The Preliminary Training of Probationers," working most successfully at Guy's. Miss B. Cutler will speak on "Reciprocal Hospital Training" as introduced by the late Miss Isla Stewart at St. Bartholomew's Hospital, and Miss Musson, Matron of the General Hospital, Birmingham, will put forward suggestions for "Post-Graduate Teaching for Trained Nurses." To every group of papers there is to be an arranged Opener of Discussion, and Miss Cunningham, Matron of the Stillorgan Convalescent Home, will speak first on the educational question.

From 12.30 to 2 each day there will be an interval for luncheon, and no doubt many happy little parties will assemble.

AFTERNOON SESSION.

The afternoon sessions will be held from 2 to 4 p.m., two being held concurrently. Miss Shuter will preside over the Session on Massage Training and Education, when Dr. Florence Barrie Lambert, of the Charing Cross and Royal Free Hospitals, will speak on "The Training of the Masseuse," and Mrs. Hoghton Stewart, of the Incorporated Society of Trained Masseuses, on "Professional Ideals with regard to Massage Workers." Miss L. Despard, of Monkstown, will open the discussion.

At the same time a Session on "Physical Degeneration" will be held, over which Miss Butler, Matron of Sir Patrick Dun's Hospital, will preside. "Black Plague, or Venereal Disease" is the title given by the Hon. Albinia Brodrick to what will be, we feel sure, one of the most important contributions to the Conference. Mr. Henry Moore, surgeon to the Westmorland Lock Hospital, Dublin, will present a paper on "The Work of the Trained Nurse as a remedial agent in connection with Venereal Disease," and Dr. Marian Andrews, of Belfast, will open the discussion.

SOCIAL FUNCTIONS.

Tea will be given by the kind invitation of Miss Ramsden, Matron of the celebrated Rotunda Hospital, which with others will be open for inspection, and visitors will be taken to see St. Patrick's Cathedral, and other historic buildings and sights in the city.

In the evening it is hoped that Living Pictures of incidents in Nursing History will be presented at the Abbey Theatre. We shall all want to be there.

THURSDAY, JUNE 5TH. MORNING SESSION.

Miss M. Huxley will take the chair, and the State Registration of Nurses Session will deal comprehensively with this fundamental question of Nursing Organization. Mrs. Bedford Fenwick's paper will survey the Educational and Economic Aspects, and suggest how to build up the Profession of Nursing for the Benefit of the Public.

It is hoped that Miss Gertrude Rogers will open the discussion. The second Paper will deal with "The Law as it Affects Nurses," and Mrs. Dickie, L.L.B., an Insurance Commissioner for Ireland, will speak on "The Insurance Act, Agreements and Contracts, &c." Many questions will no doubt be asked in this connection.

AFTERNOON SESSION.

The Midwife, her training, professional status, and self-expression, will have full scope in the Session on "The Legal Status of Midwives," to be devoted to her interests—when Lady Hermione Blackwood will preside. "An Efficient Standard of Training" will be presented by Miss Ramsden; "Midwifery under the Local Government Board, Ireland," by Miss Johnston, of Belfast; and Miss M. Breay's Paper will suggest "A Just Midwives Act for Ireland." At the concurrent Session Miss E. C. Barton, Matron of the Chelsea Infirmary, will give a Paper on "The Evolution of Poor Law Nursing." Miss H. L. Pearse, Superintendent of London County Council School Nurses, will give valuable information on "School Nursing," not yet in force in Ireland, and Miss West, Superintendent of Nurses North Dublin Union, will open the discussion. We think the best use has been made of the limited time at the disposal of the Conference. Nothing less than a week's time could include all the subjects in which professional nurses are vitally interested.

SOCIAL FUNCTIONS.

A Garden Party will be held at the Zoo. Hospitals open for inspection, and Dublin's many beauties await a visit, and at 8 p.m. there is to be a Banquet, at which no doubt we shall listen to many pretty speeches.

JUNE 6TH.

A short meeting will be held from 10 to 11 a.m. to record Votes of Thanks, and then a long drive through lovely country will be enjoyed to Glendalough. Tea will be given at the National Sanatorium for Consumption at Newcastle by the kind invitation of the Board of Management. Shorter drives will also be arranged to Killiney and Howth.

THE NURSING EXHIBITION.

The Nursing Exhibition is to be held near by the Royal College of Physicians, and is managed by a small committee in Dublin in communication with the Conference Committee of the N.C.N. in London.

PRIZES OFFERED BY THE BRITISH JOURNAL OF NURSING.

THE BRITISH JOURNAL OF NURSING offers the following Prizes under the three following headings, at the Exhibition in connection with the Nursing Conference.

SECTION 1.—PRACTICAL NURSING INVENTIONS.

To show the inventive genius of nurses.

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First Prize	2	2	0
Second Prize	1	1	0

SECTION 2. NURSING HANDICRAFTS.

To show the manual dexterity of trained nurses in preparing practical appliances used in the nursing of—

1. The Head, including the Throat.
2. The Abdomen, the Digestive Tract.
3. The Abdomen, Kidneys, and Bladder.
4. Gynæcological Nursing.
5. Splints and Bandages.
6. Maternity Nursing.

	£	s.	d.
First Prize	2	2	0
Second Prize	1	1	0

SECTION 3.—NURSES' UNIFORMS.

For a complete set of Dolls dressed in Nursing Uniform as a Sister, Staff Nurse, and Probationer in any Irish Hospital or Institution. Dolls not to be more than twelve inches high.

	£	s.	d.
First Prize	2	2	0
Second Prize	1	1	0

Workmanship will be taken into consideration by the judges in awarding the prizes

EXHIBITION MANAGEMENT.

In England.—Hon. Secretary, Miss A. E. Hulme, to whom all communications are to be addressed at 431, Oxford Street, London, W.

In Ireland.—Hon. Secretary, Miss J. E. Hughes, to whom all communications are to be addressed at 34, St. Stephen's Green, Dublin.

BANNERS.

It is hoped that the Banners of the affiliated Societies will be taken to Dublin, to take part in the Pageant Procession on the 3rd inst, and also in the Tableaux on the 4th at the Abbey Theatre. The new Banner of the Matrons' Council, which is a splendid piece of handiwork, will make its first appearance at the coming Conference.

The Conference tickets will cost 3s., and later when the final arrangements are made the cost of the various tickets for other functions will be announced.

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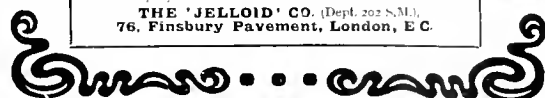
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10th, April, 1913.

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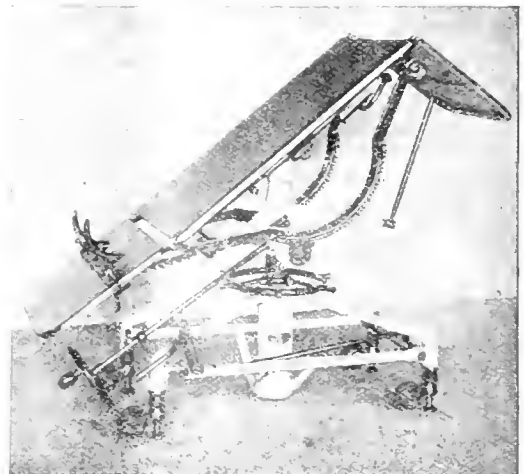
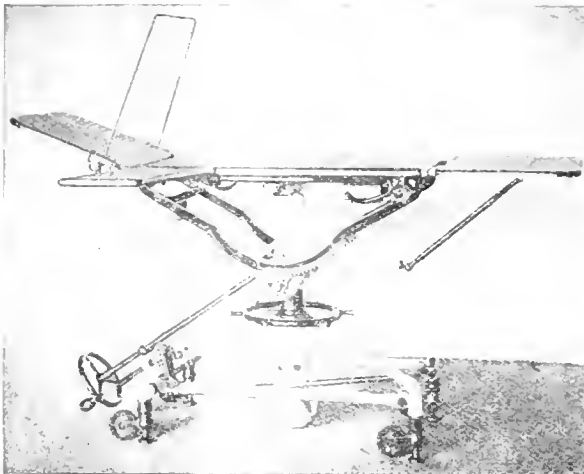
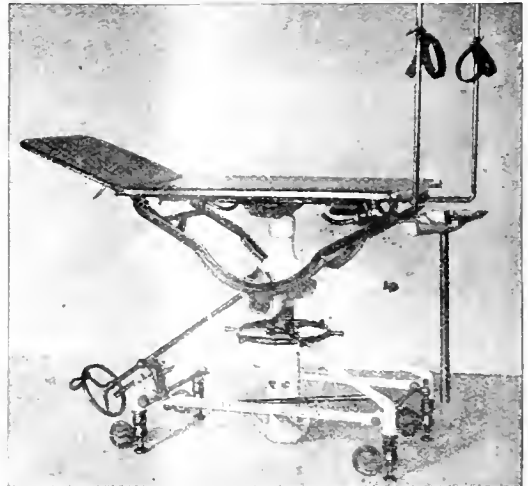
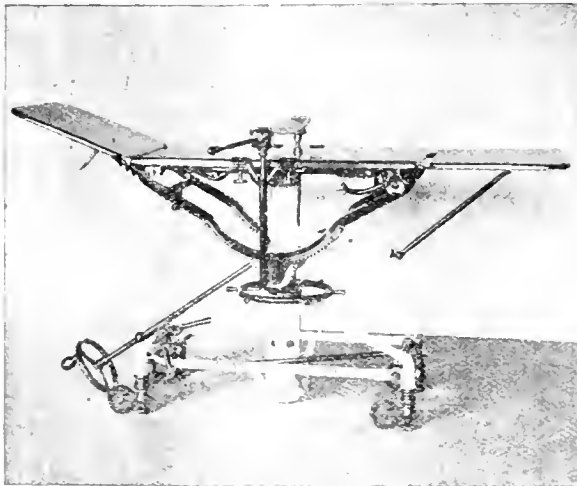
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STATE REGISTRATION OF NURSES.

AT HOME.

The Deputation in support of the Nurses' Registration Bill, to be received by the Prime Minister at the House of Commons on the 28th inst., is to be introduced by Dr. Chapple, M.P., by request of Mr. R. C. Munro Ferguson, M.P.

By the kind invitation of Mr. R. C. Munro Ferguson, who has for so many years championed the Nurses' Bill, the members of the Deputation will be entertained to tea in the House of Commons.

IN THE UNITED STATES.

Arkansas.—A Bill has been passed for the registration of nurses, signed by the Governor, and a board has been appointed.

Kansas.—Victory is the result of the registration campaign—the Bill has passed and a full examining board of nurses has been appointed. Only one adverse vote was cast.

Montana.—The nurses have secured a Registration Bill. The system is compulsory.

In the States of Maine and Mississippi, Registration Bills are to be presented at an early date.

Of the 37 States now having laws for registration in full force, 27 have recognised that nurses have a right to self-government, and the Examination Board is composed entirely of nurses.

Registration is compulsory in nine of these States.

THE BRITISH JOURNAL OF NURSING offers heartiest congratulations to the State Legislatures and to the nurses of the glorious American Republic. Instead of sending us any more Duchesses, please persuade a few generous-minded American politicians to "Come Over Here." We are sadly in need of them.

Our own poor little ewe lamb, the Nurses' Registration Bill of the United Kingdom, affecting as it does the better nursing of millions of sick people, and the just economic condition of 50,000 trained nurses, has ventured into the Mother of British Parliaments for the eleventh time, where the wolves of greed and reaction are thirsting for its blood. But it is a tenacious and agile little beast, and some of these fine days will skip through its third reading with a whole skin—though no doubt with some loss of wool!

Our remarks in a recent issue calling attention to the fact that the State Registration of Nurses had been excluded from the programme of the Nursing and Midwifery Conference, have borne fruit. A lady whose name is shrouded in mystery will venture to mention it.

NURSES AND NATIONAL INSURANCE.

THE TRAINED NURSES' FRIENDLY SOCIETY.

The National Insurance Act does not, as time goes on, grow in the good graces of trained nurses: they resent it in many ways. First, they very greatly object to the panel doctor. "The best physicians and surgeons in London are quite good enough for me, and the most generous help I have always had from them," an R.N.S. nurse recently said to us. "Now some of them can no longer give of their great skill to us; then, I am not only compelled to pay the tax, but it is the restriction of personal liberty to which I object; whatever may be said on the question, this insurance is a poll-tax, and a ticket-of-leave system. In the past I was at liberty to insure as I chose, change my residence without notification, and keep decently sacred matters physical. Now, forsooth, I must fill in cards and books, at certain dates; report every change of address; write full details of my physical condition, to be seen by any cheeky male clerk, who happens to earn thirty shillings a week in an Approved Society's office. Every bit of personal freedom and delicacy seems swept away. I detest the whole spying system. And what for? A pittance of very little use when you get it."

There is, of course, much truth in this complaint; personally, we should hate to conform to it—yet one complaint can be rectified. No trained nurse, or nurse in training, need violate her sense of decency by insuring in a man-managed society. That was one of the principal reasons why the Trained Women Nurses' Friendly Society was started. It is first and last a friendly society—formed by women for women. The Committee is composed of Matrons and Nurses—the Secretary and clerical staff are women. Every case of sickness is considered decently and in order by women, who know and sympathise with nurses in their various forms of sickness—and the greatest privacy is maintained. The Committee meets weekly, and the payments are promptly authorised. We advise Trained Nurses to become members of this Approved Society, and get their colleagues to do likewise—and thus build up for themselves an influential self-governing and self-managing society where every penny of any surplus would be for their own benefit—quite free from the profit-making system of the average assurance society. The address of the Society is at 43t, Oxford Street, London, W.

The Insurance Commissioners have issued a memorandum, setting forth the special conditions which will be considered reasonable grounds for allowing insured nurses and hospital and asylum staffs, who are able, from the nature of their occupations, to obtain a more extensive and convenient service than can be provided by the panel system.

OUR PRIZE COMPETITION.

WHAT ARE THE DANGERS *a* TO THE MOTHER,
b TO THE CHILD, IN A CASE WHERE THERE
IS A PURULENT VAGINAL DISCHARGE AT THE
BEGINNING OF LABOUR?

We have pleasure in awarding the prize this week to Miss Dora F. Chapman, Norton, Malton, Yorkshire, for her paper on the above subject. We regret that owing to pressure on our space we are unable to publish the paper this week.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Gladys Tatham, Miss H. Scott, Miss Elizabeth Douglas, Miss M. Mackintosh, and Miss O'Brien.

QUESTION FOR NEXT WEEK.

Mention some of the uses of the skin, its condition in health, and some prominent features characteristic of disease.

GUY'S HOSPITAL PAST AND PRESENT NURSES' LEAGUE.

The Eleventh Annual Meeting and the Fifth Annual Dinner of the Guy's Hospital Nurses' League will be held in the Nurses' Home on Friday evening, April 18th. Tickets for the dinner may be obtained, price 1s. each, and application for them should be made not later than Thursday, April 17th, addressed to the Hon. Secretary at the Matron's office.

The Tenth Annual Exhibition of the Guy's Hospital Nurses' Photographic Society will be opened in the Nurses' Home on April 18th. Efforts are being made to make the Exhibition a great success.

The First Exhibition of Needlework will also be opened in the Nurses' Home on April 18th.

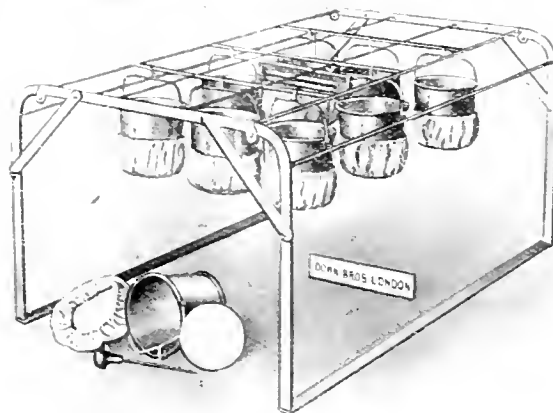
The Annual Dinner is to be at 7 p.m. punctually, and the Annual Meeting 8 p.m.

HIGHER EDUCATION OF NURSES, GERMANY.

We have to thank Sister Agnes Karll for a Syllabus of the Studies for the Leipzig College Course for Nurses for the higher training of nurses. It is most comprehensive and valuable, and will rival the splendid course already in working order at Teachers' College, New York. Whilst rejoicing greatly with our dear German colleagues, it is inevitable that we should feel keenly the neglect of nursing education in this country, and long for the passing of the Registration Bill, through which alone there is any hope of organization and advancement.

A PRACTICAL APPLIANCE.

The accompanying illustration is of an improved ice cradle (for which application has been made for a patent) supplied by Messrs. Down Bros., Ltd., 21-23, St. Thomas Street, London, E.C., and suggested by Miss K. C. Braidwood, Matron, Infectious Diseases Hospital, Mylands, Colchester. This appliance consists of a light folding body cradle, to the top frame of which are attached a thermometer and set of eight ice pails. The bases of the latter are enveloped in flannel caps, which, by absorbing the moisture due to condensation, effectually prevent dripping. The pails can be detached singly and the number in use at any time regulated to the requirements of the case. The apparatus can easily be managed by one nurse. It is convenient in carriage and storage, and the cradle folds flat when not in use. As the patient's temperature falls one or more pails may be removed. Those who have tried to



arrange an ice cradle by more old-fashioned methods realize the gain to the patient in a convenient appliance of this kind.

RADIUM PREPARATIONS.

Amongst the marvellous discoveries of the present age is the therapeutic value of radium, a potent force the possibilities of which are even now only dimly appreciated. Messrs. Chas. Zimmermann & Co., 9 & 10, St. Mary-at-Hill, London, E.C., are now in a position to supply high-grade Radium Salts, Apparatus, and Radiogen Preparations, including Radium Bromide, with applicators, Radium Emanatorium (for rendering the air radio-active in the treatment of gout, rheumatism, arthritis, general diseases of metabolism, and bronchial affections), emanation generating syphons for preparing radio-active drinking water, radiogen compresses, radio-active earth (for mud baths), aseptic ampoules (for rheumatism and neuritis), radium solution (for ionic medication), radiogen capsules (a new and effective method of administering radium), &c. Prices and further information are obtainable from the firm, on application.

APPOINTMENTS.

MATRON.

New Hospital for Women, Euston Road, W.C.—Miss Grace Reynolds Hale has been appointed Matron. She was trained at St. Bartholomew's Hospital, London, and has held the position of Night Superintendent at the Royal Hospital for Sick Children, Edinburgh, Ward Sister and Home Sister at the Queen's Hospital for Children, Hackney Road, N.E., and is now Superintendent of the Nurses' Home, St. Bartholomew's Hospital, E.C. She is a certified midwife.

Cottage Hospital, Thetford, Norfolk.—Miss Mary E. Swan has been appointed Matron. She was trained for three years at the Infirmary, Birmingham, where she held the position of Sister in Medical, Surgical, and Maternity Wards, and also had two years' experience as Theatre Sister. Since September last she has been engaged in private nursing in connection with the West Suffolk Nursing Home, Bury St. Edmunds.

Woodlands Convalescent Home, Rawdon, near Leeds.—Miss Charlotte Wakefield has been appointed Matron. She was trained at the General Hospital, Wolverhampton, and has held the positions of Sister at the Salop Infirmary, and of Sister of Out-patients, Night Superintendent, and Assistant Matron of the Infirmary for Children, Liverpool.

Hendon Grove Asylum.—Miss J. Ricketts Smith has been appointed Matron. She has been Matron of Hoxton House, and has also been Sister-Housekeeper at Charing Cross Hospital, and at the Portsmouth Royal Hospital.

HOME SISTER.

Royal Leicester Infirmary.—Miss Ethel Livermore has been appointed Home Sister. She was trained at St. George's Infirmary, London, where she was Staff Nurse, and she has since been Ward Sister at Dudley Infirmary and Bradford Union Hospital. She is a certified midwife.

NURSE-MATRON.

Cottage Hospital, Welshpool.—Miss Janet Rimmer has been appointed Nurse-Matron. She was trained at the City Infirmary, Birmingham.

NIGHT SISTER.

Bucknall Hospital for Infectious Diseases, Stoke-on-Trent.—Miss May Bishop has been appointed Night Sister. She was trained at the Bucknall Hospital in infectious work, and at the Longton Cottage Hospital and the Radcliffe Infirmary, Oxford.

West Suffolk General Hospital, Bury St. Edmunds.—Miss L. V. Johnson has been appointed Night Sister. She was trained at the Longton Accident Hospital and the General Infirmary, Worcester, and has been Staff Nurse and Sister at the Coventry and Warwickshire Hospital.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

ASSISTANT SUPERINTENDENT.

Miss Deborah Ladbroke is appointed to Derbyshire as Assistant Superintendent and Emergency Nurse. She received General Training at Edinburgh Royal Infirmary and District Training

at the Scottish District Training Home, Edinburgh, and has since held the following appointments:—Queen's Nurse, Aberdeen, Gresford, and Elinton and Cresswell. Miss Ladbroke holds the certificate of the Central Midwives' Board.

TRANSFERS AND APPOINTMENTS.

Miss Lily Brazendale is appointed to Widnes; Miss Clara Cordingley, to Newton Heath; Miss Alice Goodman, to Hungerford; Miss Florence Hancock, to Portslade; Miss Ada Morgan, to Weston-under-Penyard; Miss Rose Sharpe, to Ellel.

PRIZES FOR PROBATIONERS.

The Prize Distribution to probationer nurses at St. Mary's Infirmary, Islington, is a very interesting occasion, and on the 11th inst. the prizes were distributed by Mrs. Murgatroyd, a lady long associated with the infirmary. The "Smalley" prizes were won by Miss Black, Miss Bown, and Miss Woods, and the "Marshall" prizes by Miss Ripper, Miss Robertson, Miss Joyce, and Miss Lefevre. The prize for the best nurse of the first year was won by Miss Robinson.

QUEEN OF ITALY AND ENGLISH NURSES.

Queen Elena of Italy has bestowed medals on the following Englishwomen whose work has conduced to the success of her School for Nurses in connection with the Policlinico Hospital at Rome.

GOLD MEDAL.

Miss Dorothy Snell, Matron.

SILVER MEDALS.

Miss Amy Turton, whose many years of work in organising the care of the sick in Italy is beyond praise.

SISTERS.

Miss Ada Whyte, cert. St. Mary's Hospital.

Miss May Kell, cert. St. Mary's Hospital.

Miss C. Watney, cert. St. Bartholomew's Hospital.

Miss M. Arnoch, cert. Gloucester General Hospital.

Miss M. Weedon-Cooke, cert. Bedford County Hospital.

Miss M. Spaven, cert. Perth Hospital, Australia.

Miss J. Howard, cert. Stanley Hospital, Liverpool.

Miss M. Crawford, cert. Stobhill Hospital, Glasgow.

THE PASSING BELL.

WE greatly regret to record the death of Miss Janie E. Highet, of the private nursing staff of Galen House, Guildford. Miss Highet was trained at St. Bartholomew's Hospital, London, and then took up work as a Queen's Nurse at Spalding. During the seven and a-half years she has worked at Galen House she has greatly endeared herself to her colleagues. She died at St. Bartholomew's, of leukaemia, on Tuesday last, after a very short illness, and her death will come as an unexpected shock to her many friends.

NURSING ECHOES.

The Editor begs to thank most warmly all the kind and appreciative readers who have sent congratulations on the Silver Jubilee of THE BRITISH JOURNAL OF NURSING, as the celebration was only announced three weeks ago, letters from the United States and Canada are very prompt and deeply appreciated.

The *B.J.N.* Stand at the Nursing and Midwifery Exhibition at the Horticultural Hall, Vincent Square, S.W., is this year No. 10B. There the Silver Jubilee Number of the Journal will be on sale; also the Nurses' Registration Bill, the Isla Stewart Oration, *The Overstrain of Nurses*, by Dr. Hecker, *Education Pamphlets on Sex Hygiene* and other books and pamphlets. Specimen copies of the four volumes of "A History of Nursing," by Miss Nutting and Miss Dock, will be on view, and orders for this indispensable work will be received. No Nursing School Library can be considered sufficiently equipped without it.

We hope soon to publish Miss Dock's suggestions for carrying out the plan of a Nurses' International Memorial (of an educational character) to Miss Florence Nightingale. In the meanwhile, how generous of the German Nurses' Association to send a gift of £7 towards it before the appeal has been made. We thank them very much.

Of the two Crimean nurses who are still with us, one is Sister Mary Stanislaus, of the Hospital of St. John and St. Elizabeth, who, after her return from the seat of war, devoted herself to valuable educational work, and received the decoration of the Royal Red Cross from Queen Victoria. The other is Mother St.

George, of the Norwood Convent, who, in the West Indies and elsewhere, has also been a zealous worker in the cause of education.

We are glad to note that Miss Haldane, LL.D., Vice-Chairman of the Advisory Council of the Territorial Force Nursing Service, when speaking in Aberdeen lately, expressed the hope that the King would inspect the Nursing Service when he reviewed the Territorial troops. Such recognition of the value of their work by the King would be keenly appreciated by the patriotic women who compose the Service.



A CHOIR SISTER OF THE AUGUSTINIAN ORDER,
14th CENTURY.
(MISS G. B. MACVITHE), NURSING PAGEANT.

Mrs. Cary, of Torre Abbey, Torquay, has given £50 to clear off the deposit account of the half-year of the Torquay Nurses' Institute. The report of the inspector from the headquarters in London respecting the Institute describes the work of the nurses as of a very high standard, the patients receiving most careful and up-to-date treatment, which they appeared to value highly. The discipline was good, and the home and equipment were in excellent order.

A matinee will be given of "One Summer's Day" and "Tilda's New Hat" at the Court Theatre on Friday, May 16th, in aid of the Bryn-y-Menai Home of Rest for Nurses connected with Queen Victoria's Jubilee Institute for Nurses, under the patronage of Queen Alexandra, Patron of the Institute.

At the annual meeting of the Leicestershire Nursing Association, Mrs. Oliver Bellasis, Vice Hon. Secretary of the Cottage Benefit Association, gave an address on rural nursing. She mentioned that in some houses cottage nurses were not only expected to do the ordinary house work, but there had been instances where dissatisfaction was expressed because the nurse

did not do spring cleaning and whitewashing, feed the pigs, make the bread, and look after the young turkeys.

We congratulate Dr. Richard Jones, medical officer for health, on his speech at the annual meeting of the Penrhynedraeth Nursing Association, recently held. He said he did not agree with the North Wales Nursing Association in its method of appointing nurses with only six months' experience as village nurses. They wanted nurses with three years' training. He was afraid that a great deal of money was spent needlessly in the establishment of dispensaries for consumptive patients to visit the appointed doctors and nurses, for afterwards there was no one to see that the instructions were properly carried out in their homes. He suggested that the work should be entrusted to trained district nurses and also the work of school nursing.

At a meeting of the Irish Advisory Committee of Queen Victoria's Jubilee Institute for Nurses, held at the office, 63, Dawson Street, Dublin, on the 10th inst., the answers to the circular *re* school nursing were brought before the Committee, and were generally favourable to the scheme, but it was evident that great difficulty would arise in carrying out this work. After discussion, it was decided not to proceed further with the matter at present. The paper to be read by Miss H. L. Pearse at the Dublin Nursing Conference in June should arouse an intelligent interest in the necessity for school nursing.

NURSES' MISSIONARY LEAGUE.

A two days' missionary exhibition will be held on Wednesday, April 30th, and Thursday, May 1st, from 9.30 a.m. to 9.30 p.m., at Holborn Hall (corner of Gray's Inn Road and Clerkenwell Road). There will be a "Chinese House," "Indian Zenana," "African Hut," models of Mission Hospitals, curios, &c. Short addresses will be given at intervals. Among the speakers will be:—W. H. Graham Aspland, M.D. (Peking), Rev. K. Kennedy, M.B., Ch.B. (Chota Nagpur), Mrs. Douglas Hooper, L.R.C.P. and S. (East Africa), Mrs. Birkett, M.D. (India), Miss E. Dodson, M.D. (India), Miss R. Glanville, M.B., B.S. (India), Mrs. Bell (Eng. Pres. Mission), Rev. Frank Lenwood (London Missionary Society). Tickets (free for nurses; price 6d. for other friends) and all further particulars may be obtained from Miss H. Y. Richardson, 52, Lower Sloane Street, London, S.W.

THE HOSPITAL WORLD.

THE INFANTS' HOSPITAL, VINCENT SQUARE, S.W.

To those who have eyes to see, the babies in the wards of the Infants' Hospital, principally under twelve months of age, in all stages of malnutrition, or on the way to recovery therefrom, represent not only half a hundred or so sick babies skilfully treated, nursed, and dieted, but the means whereby the causes of infantile disease and mortality, which at present are a serious menace to the nation, are investigated and combated, the diagnosis and treatment of the cases being based upon investigations carried out in the laboratory.

Indeed the research laboratory is the centre of the work of the hospital, for here not only morbid processes are examined, but the milk supply of the hospital is systematically tested.

RAW MILK.

Raw milk is the great natural protection of the infant. This is the great fundamental truth underlying the work of the Infants' Hospital, and taught continuously, to the salvation of many babies, by Dr. Ralph Vincent, who inspires and directs its beneficent work. It greets one on entering the hospital in the fine photographs on the walls of its Board room, representing the milking sheds, the winter quarters, and individual cattle at the Combe Bank Farm, Sevenoaks, established by Mr. Robert Mond, benefactor and treasurer of the hospital, from which it draws its milk supply.

If you are fortunate enough, as I was on a recent visit, to find Dr. Vincent there, ready to talk of the hospital and its work, the subject of raw milk is sure to come uppermost, and the danger to babies, whose mothers are unable to feed them, of sterilized milk, boiled milk, pasteurized milk, any milk, in fact, but that which is pure and raw, modified to meet the individual requirements of the baby.

Why is this so important? Because nature, as usual, knows best, and, in milk in a natural condition, there is found the *streptococcus lacticus*, the typical organism of pure milk. "Boiled milk," Dr. Vincent will tell you, "is not milk, for the properties that characterise milk, and place it in a class by itself, have been utterly destroyed."

But at the Infants' Hospital you are not asked to take anything on trust, even from the lips of so eminent an authority as Dr. Ralph Vincent. It is the charm of the hospital that everything is proved scientifically. So he invites you to the laboratory, where a Sister is in charge

with nurses working under her, and shows you specimens and photographs proving the beneficent action of the *streptococcus lacticus*, and explains that this organism is not only present in pure milk, but in the alimentary canal of every infant, which depends upon it for the lactic acid essential to its health and life. For this *streptococcus* protects it from the possibility of putrefactive changes occurring in the intestine. Take away from a baby this natural protection, by feeding it on pasteurised milk deprived of lactic organisms, and the probability is that the *bacillus putrificus* and other inimical organisms will develop in its intestines, and if so may kill the infant or jeopardize its life.

There are several results to the hospital in the extensive investigations with regard to the conditions of alimentary toxæmia which have been carried out in the research laboratory. A great increase of work has been thrown on the wards in the careful collection, under strict precautions, of pathogenic material, and the administration of the cultures of micro-organisms. The work of the research laboratory has quite outgrown the accommodation, and further is it necessary to arrange as soon as possible for a night staff, so that certain observations can be carried on without interruption. It is therefore proposed to build a new Nurses' Home, an Out-patients' Hall with dispensary, and a new Research Laboratory.

But, Dr. Vincent will tell you, the principal work of the hospital just now is outside. When I saw him at the hospital he had just returned from Bradford, where the Health Committee of the Corporation, acting on his advice, are undertaking the supply of pure raw milk and modified milk on a larger scale than ever before attempted in this country. Already the Corporation employs, in connection with the care of infants, the whole time of two women medical officers, four nurses, a clerk, and a dispenser, has established infant consultations,

and provides pure milk for those who need it. In a new building which is now in progress, and which will cost £13,000, there is to be a big milk laboratory, and provision for the care of the health of the infants of the city, which must rejoice the heart of every patriot who realizes that our very existence as a first-class Power depends upon the care of the nation's infants.

Visitors are welcome at the Infants' Hospital at any time except Saturday afternoon, and those attending the Nursing and Midwifery Exhibition who are interested in the question of



ISABEL HAMPTON ROBB MEMORIAL CLUB, CLEVELAND, OHIO.

infant mortality should make a point of seeing it and its system of infant feeding. M. B.

THE ISABEL ROBB MEMORIAL CLUB.

The illustration on this page of the Isabel Hampton Robb Memorial Club, at Cleveland, Ohio, which we print from the *American Journal of Nursing*, will be welcomed by many readers of this JOURNAL who came under the charm of Mrs. Robb's magnetic influence, and realized her great capacity, and her power for good throughout the nursing world, far beyond the limits of the Western Hemisphere.

THE NURSING AND MIDWIFERY EXHIBITION AND CONFERENCE.

The Nursing and Midwifery Exhibition and Conference will be opened at the Royal Horticultural Hall, Vincent Square, Westminster, S.W., at noon, on Tuesday, April 22nd, and close on the evening of Friday, April 25th. The Exhibition is frankly on a business basis, and affords a means whereby the latest nursing appliances, literature, and anything of interest to nurses can be collected and introduced to their notice conveniently, and systematically, by leading firms.

The Conference is best described as a "side-draw," organised for press purposes by enterprising journalists, and secretaries of associations, with other assistance; as such it may achieve its object as a Conference of a popular character but it cannot be regarded as being of serious professional import until the organization is in professional hands. It will consist of two sections (1) Nursing, (2) Midwifery, and one of these sections will be in session from 2.30 to 4.30 p.m.; 5 to 6.30 p.m., and 8 to 10 p.m., on each of the four days. The number of papers announced for each session points to the fact that little discussion is expected, otherwise the programme could not possibly be got through. As the full official programme will be on sale by the management in the Catalogue of the Exhibition we shall only refer to its principal features.

THE NURSING CONFERENCE.

On Tuesday, April 22nd, the papers presented at the afternoon session will deal principally with Tuberculosis, including the tuberculin treatment of consumption, vaccine treatment, and the work of a tuberculosis nurse. The last paper will deal with the personality of the nurse.

The evening session will consider in the period of two hours, catering in hospitals, nurses' off duty, a proposal for the registration of hospital certificates, really the proposal made in the anti-registration Bill of the Central Hospital Council for London introduced into the House of Lords in 1908, when the futility and danger of such a scheme was proved and the Bill decisively rejected. We notice that the subject of State Registration has been shied on to the programme at the last moment.

On Wednesday, April 23rd, Poor Law Nursing in various phases will be discussed. The paper by Miss A. C. Gibson, late Matron of the Birmingham Infirmary, dealing with some of the defects in poor law nursing arrangements, and some suggested remedies, should prove of practical interest, as Miss Gibson has had wide experience of poor law nursing. Massage, including ionic medication, and radium treatment, will also be considered.

On Thursday, April 24th, Social Work is the predominant topic. Mr. J. S. Pollitt will voice his scheme for the need of a National Association of Nurses, Miss C. J. Wood will give some business

hints, and Miss Rosa Leo will explain to her audience how to speak in public.

On Friday, April 25th, Finance will be the order of the day, and under this heading Mr. D. F. Pennant and Miss Mona Wilson, one of the National Insurance Commissioners, will speak on the Insurance Act as it affects nurses. Nurses who unlike other classes of women workers, have no direct representation on the English Advisory Committee, will be able to avail themselves of this opportunity to ask questions on many points on which they are still in doubt.

On the evening of the last day of the Conference Naval and Military Nursing, Territorial Nursing, and Nursing in India, Australia, Africa and Canada, and Nursing as a Missionary will be discussed, and information as to cheap holidays will end the Session. We should say they will be needed if the whole of the foregoing programme is to be digested.

THE MIDWIFERY CONFERENCE.

On Tuesday, April 22nd, from 5 to 6.30, Miss Rosalind Paget will preside over a Session including the discussion of (1) Midwives and the Maternity Benefit (by Miss Alice Gregory, and Miss Mona Wilson), (2) the pay of midwives, and (3) their inspection.

On the evening of Wednesday, April 23rd, Infant Feeding in Midwifery Practice, the Midwife Teacher, and the Midwife as Supervisor and Coach will be discussed.

On Thursday, April 24th, Ophthalmia Neonatorum with Epidiaseopic Illustrations, and Venereal Disease will occupy the session.

On Friday, April 25th, from 2 to 4.30, three subjects will be considered, *i.e.*, the Law Relating to the Qualifications, Rights and Duties of the Midwife, a Plea for Longer Training, and Preliminary Training Schools for Midwives.

THE EXHIBITION.

STANDS NOT TO BE MISSED.

It is impossible to refer to all the stands to be seen in the Exhibition, but we desire to direct attention to those which should on no account be missed.

Stands 3a and 4a, MESSRS. A. WULFING & Co.—The preparations of this firm, more especially Albulactin, are well known to nurses, and its value in connection with the feeding of infants, thoroughly recognised.

Stand 7a, NESTLÉ & ANGLO-SWISS CONDENSED MILK Co.—Nurses visiting the Exhibition are advised to ask for Nestlé's Baby Book and to acquaint themselves with the various specialties of the firm.

Stand 16a, THE SURGICAL MANUFACTURING Co.—Here will be shown operation requisites, new model bags for district and maternity nurses and many other things of interest to them, including surgical and obstetric binders.

Stands 17a and 22a, MESSRS. LEWIS AND BURROWS, LTD.—This firm, whose stand is always most attractive, are making a display of their

popular clinical thermometers and their well-known "Ellanbee" Brand Medicinal Products.

Stand 23a, BOVRIL, LTD.—The estimation in which the products of this well-known firm are held is shown by the fact that they are purveyors by special appointment to His Majesty the King.

Stands 25a-38a, MESSRS. GARROULD.—The fact that these well-known and popular Nurses' Outfitters have secured no less than eight stands indicates that their exhibit will be exceptionally complete, indeed, the largest they have ever organized in connection with this Exhibition.

Stand 34a, MESSRS. F. J. WALKER.—Many nurses will be glad to inspect the exhibit of a firm who can demonstrate that they deliver milk to the consumer within three hours of its being drawn from the cow, and whose Model Dairies at 48, Sloane Street, S.W., are open to inspection by doctors and nurses.

Stand 40a, MESSRS. SOUTHALL BROS. & BARCLAY, LTD.—This firm, who are renowned for the excellence of their many specialties, will have a very comprehensive exhibit, which will be well worth a visit.

Stand 48a, CADBURY BROS., LTD.—The cocoas and chocolates supplied by this firm well maintain their high reputation for delicate flavour and nutritive value, for which they have a world-wide notoriety. Bournville Chocolate is their latest production.

Stands 54a and 47b, HORLICK'S MALTED MILK CO.—Nurses and Midwives should be sure to pay the stand of Messrs Horlick a visit. They will find much to interest them, and should not fail to notice Horlick's Hygienic Feeder.

Stands 1b and 2b, MESSRS. ALLEN & HANBURYS, LTD., will as usual have a most comprehensive exhibit, too numerous to mention in detail. It should on no account be missed.

Stand 3b, MESSRS. NEWTON CHAMBERS & CO., LTD.—The excellent qualities of Izal shown by this firm, its germicidal power, and its efficiency, whatever kind of water may be used to dilute it, make it a disinfectant of great value.

Stand 6b, MESSRS. COLMAN & CO., LTD.—Messrs. Coleman are the proprietors of the much appreciated wine-tonic Wincarnis, a scientific combination of wine, extract of meat, and malt.

Stand 10b, THE NURSING PRESS, LTD.—At this stand will be found the SILVER JUBILEE NUMBER of the BRITISH JOURNAL OF NURSING, and other publications of professional interest, including the *Isla Stewart Oration*, and Dr. Hecker's thesis on the *Overstrain of Nurses*.

Stand 13b, MESSRS. KILN, ROBINSON & CO., LTD.—Here will be found not only Robinson's "Patent" Barley, which is a household word with nurses and midwives, but Keen's Mustard and Colman's Mustard of wide celebrity.

Stand 19b, THE JELLOID CO.—The "Jelloid" Chemical Co. are showing their well-known and popular preparation "Iron Jelloids," which continue to give increasing satisfaction.

Stands 35b and 36b, MESSRS. BURROUGHS, WILLCOCKE & CO.—This well-known firm will make

a speciality of *Humanized Milk for Infants*, prepared by diluting cow's milk and adding Kepler Malt Extract and Cream in suitable proportions.

Stands 43b, 44b and 45b, THE MEDICAL SUPPLY ASSOCIATION will be found in its usual place, and there is sure to be much to attract, including a Maternity Bag which is a marvel of value.

MESSRS. CHARLES ZIMMERMANN & CO.—This firm is exhibiting Lysol, its well-known antiseptic, which commends itself for the excellent results attained with its use both in surgery and midwifery. It has a special solvent action on grease, mucus, and sanguinous matter.

WHERE TO BUY NURSING REQUISITES.

Amongst the first-class firms to whose specialties we direct special attention are Messrs. Down Bros., 21, St. Thomas Street, S.E., who have achieved wide fame for the high character of their surgical appliances; Messrs. Widderspoon & Co., Gate Street, Kingsway, W.C., whose temperature and other charts are most satisfactory in use; and the British Commercial Gas Association, 47, Victoria Street, Westminster, S.W., whose gas water heater should be inspected by those who desire an instantaneous hot water supply installed.

For everything connected with uniforms, nurses should visit or write to Messrs. T. Hussey & Co., 116, Bold Street, Liverpool. For cosy underclothing, calculated to stand hard wear, Dr. Lahmann's cotton wool underwear, 245, High Holborn, is hard to beat; and the health requisites for ladies supplied by Mrs. Evaline, 8B, New John Street, Westgate, Bradford, should not escape attention. The boneless, knitted, and other corsets, of the Knitted Corset Co., 118, Mansfield Road, Nottingham, are specially suited for nurses' wear, and moderate in price; and the Varico Leg Bandage, made by A. de St. Dalmas & Co., Leicester, is far preferable to an elastic stocking.

If books are needed to replenish a professional library (hospital or private), the lists of Messrs. Charles Griffin & Co., Exeter Street, Strand, W.C.; Messrs. Baillière, Tindall & Cox, 8, Henrietta Street, Covent Garden; and G. P. Putnam's Sons, 24, Bedford Street, Strand, should be consulted.

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Do our readers desire pensions? They should write to the Norwich Union Life Insurance Society, Finsbury Pavement House, E.C.

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(Signed) E. GODWIN CLAYTON,
F.I.C., F.C.S. (Analytical Chemist).

BOOKS ON NURSING

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—*British Journal of Nursing.*

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—*British Journal of Nursing.*

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—*Westminster Gazette.*

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PROFESSIONAL REVIEW.

TEXT BOOK OF ANATOMY AND PHYSIOLOGY FOR NURSES.

We warmly commend to nurses and midwives the "Text Book of Anatomy and Physiology for Nurses," by Dr. Elizabeth R. Bundy, member of the medical staff of the Women's Hospital of Philadelphia, published by Messrs. J. & A. Churchill, 7, Great Marlborough Street, W., price 7s. 6d.

It is dedicated "To members of the nursing profession, with cherished recollections of labors and responsibilities shared," and the author has spared no pains to present her subjects in a concise, lucid and attractive form, while the illustrations are numerous, illuminating, and beautiful.

While dealing fully with all the subjects ordinarily included in such text books, the author has also included some not usually to be found in them. Take, for instance, the chapter on "Foods and Digestion." We read that "The human body is a machine constantly in motion; therefore the cells continually use up their force and continually need renewing. The material for this renewal is supplied by the food which we eat, and as the various parts of

the body are composed of quite different tissues, so the food is of a mixed character."

Here again is a summary of commendable brevity, full of information. "The skin is protective, excretory, an organ of special sense, and of heat regulation."

By the kindness of the publishers we are able to present to our readers the accompanying illustration of a mammary gland showing the enlarged milk ducts during lactation, of which we read: "The function of the mammary gland is the secretion of milk. This is a true secretion, the cells of the tubule forming a new substance from materials brought by the blood, which although not utilised in the body where it is formed, is not only useful but capable of sustaining life."

The book should be added to all nurses' libraries,

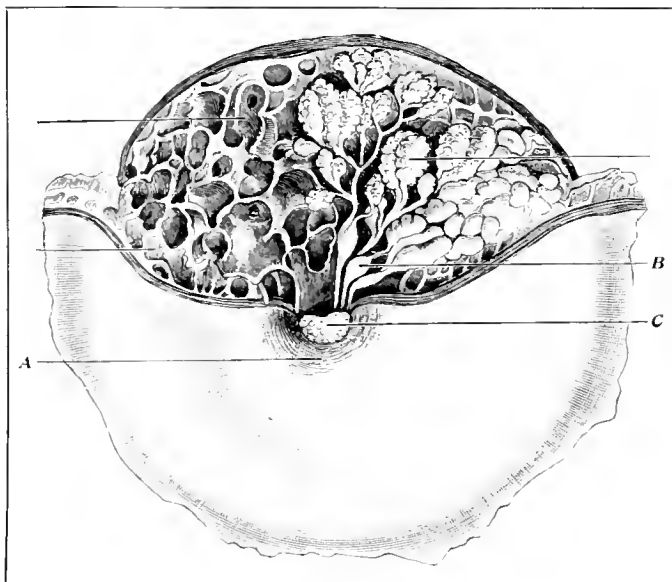
The Princess Royal has promised to re-open the Babies' Ward at the Belgrave Hospital for Children, Clapham Road, on Saturday, the 26th inst.—the Hospital Pound Day.

At the earnest invitation of the authorities of the Royal West of England Sanatorium, Weston-super-Mare, Miss Edith Mawc, the popular Hon. Lady Superintendent, who recently tendered her resignation, has consented to continue to hold the office, with the help of additional workers.

In the invitations to the Guildhall Conference on Diet and Hygiene in Public Secondary and Private Schools, held last May, the National Food Reform Association stated its intention of calling a further Conference in the near future to consider

the feeding of elementary school children and those in institutions, both public and philanthropic. Such a Conference, dealing, like its predecessor, with cookery and personal hygiene as well as diet, will be held at the Guildhall on June 30th and July 1st. The Right Hon. the Lord Mayor (Sir David Burnett) will attend to welcome the members. A sufficient period has now elapsed since the Education (Provision of Meals) Act, 1906, and the Educa-

tion Act (Scotland), 1908, and since the general advance in the teaching of house-craft, cookery and hygiene to render an exchange of views among fellow-workers in these fields as timely as it should be profitable. Further particulars will be announced in due course, and will be sent to anyone forwarding a stamped addressed envelope to the Secretary, Schools Committee, 178, St. Stephen's House, Westminster.



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OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper. Only the most reliable firms are accepted by the management.

OUTSIDE THE GATES.

WOMEN.

Viscount Wolmer has brought in a Bill to enable women to become barristers, solicitors, or Parliamentary agents, and another to limit the hours of employment of officers and servants in asylums, and to amend the Asylum Officers' Superannuation Act, 1909.

At a large W.S.P.U. suffragist demonstration held in the Albert Hall last week, Mrs. Drummond presiding, subscriptions amounting to £15,000 were announced. Telegrams were sent to Ministers asking them to inform the House of Commons that it was their answer to the "Cat and Mouse Bill." The Government is reported to be very anxious to empty the war chest.

Mrs. Pankhurst has been released on licence from Holloway after a nine days' fast, and is being nursed in a very good nursing home we know well. Miss Olive Wharry fasted for 32 days before her release. Even then their condition was not so shattered as after forcible feeding.

American nurses are greatly rejoicing that "we have won Alaska." In other words, that territory (to be some day a magnificent and opulent State) has granted woman suffrage without a dissentient voice. Wise men! They realise to-morrow is for the nation whose mothers are freewomen. Lite in the Indian reservations has proved the fate of nations born of the squaw.

Her Excellency Lady Gladstone, presiding at the tenth annual meeting of the Women's Hospital Board of Aid, in the City Hall, Capetown, congratulated the Board on their splendid result in collecting some £1,100 odd during the year. There was a point in the report about the new departure of having women on the Somerset Hospital Board of Management. They all felt it had been a very useful departure, and that excellent work was being done by the two ladies on the Board, and that their services had been of the greatest value to the hospital. The interesting part of it was that it seemed to open up quite a new field for women to work in.

A correspondent in the *Times* draws attention to the need of suitable legislation in India for the employment of medical women, and expresses the hope that consideration of this subject is included in the programme of the Royal Commission to India. The woman behind the veil, hidden from man, is always a most pressing problem, and we are told that "many of the Hindus are as particular about the observance of 'purdah' as the Mohammedans. Any statement that the *purdah-nashin* is dying out should be discredited."

BOOK OF THE WEEK.

THE ANGLO-INDIANS.*

The very real problem of Anglo-Indian life is gone into and discussed intelligently in this book.

The call of the East makes itself felt, and its characters are divided into two classes—those who respond and become next to intoxicated by its spell, and the other class that hankers and longs for things European, and to which the *laissez-aller* existence, and its mystic atmosphere speaks but to repel.

Quite naturally are these two views set before the reader by one who has evidently studied and experienced both sides of the question, though the bias is towards the claims of the East.

Mrs. Fleetwood, born, married and whose married life had been lived in India, is a very convincing person. "She had the kindly importance of manner becoming in a mem-sahib of her age. Was she not the wife of a mightily senior civilian?"

Her only trouble was that her two elder daughters came under the European classification.

"It was their aunt in London, just before they came out here, that did all the mischief. How could I foresee that they would turn up their dear noses at Indian society and Indian husbands? It sounds dreadful"—a little moisture dimmed her blue eyes—"as if they were snobs. Actually they won't let me have my Jeypore brass tables and Benares pots in the drawing-room, or anything Indian that can be avoided. It's ridiculous."

In strong contrast to her elder sisters, Fay Fleetwood worshipped India with a passionate devotion.

Captain Somerton, whom she afterwards marries, asks her:

"Why are you so fond of India?"

"She gave a little sigh. 'I can't help it. I love India. I love the people, and the language, and the life, and the sun, and—and—the very smell of it. I do hate the thought of going home next year. It will be so cramped, and so cold, and so stuffy.'"

Captain Somerton was the "bear leader" of the young Rajah of Kotah, teaching the boy to play cricket and tennis in the compound, that could be viewed from the Fleetwoods' garden, teaching him to take walks, a form of exercise openly detested by the young prince.

"We are given a glimpse into zenana life.

"The little Rani must have been rather younger than Fay. Her small oval face was dull and expressionless, her skin was pitted with smallpox, her solemn eyes, the lids painted with kohl, looked immense.

Mrs. Fleetwood asked for the baby, and was surprised and concerned to see two large tears gather in the little mother's eyes and roll, unhindered, down her cheeks. She caught at the Englishwoman's arm. "Lady—come and see

*By Alice Perrin. Methuen & Co., London.

the child. Have we not all heard of thy skill in sickness, of the magic healing of thy hand? For these three days hath the baba been ailing through trouble of the gums, and the spells and charms and remedies of my mother-in-law the Ma-ji avail not, though she be deeply learned in such matters." The poor little babe eventually paid the toll of ignorance and superstition.

The life of the Fleetwoods at Ealing after their retirement is in strong contrast to their old extravagant, luxurious habits and we cannot wonder that Captain Somerton and India claimed Fay's allegiance in the end.

H. H.

COMING EVENTS.

April 18th.—Guy's Hospital Past and Present Nurses' League. Annual Exhibition of the Nurses' Photographic Society and Needlework Exhibition. Tea 4 p.m.; dinner 7 p.m.; tea and coffee 7.30 p.m.; and Annual Meeting 8 p.m. Nurses' Home, Guy's Hospital, London, S.E.

April 22nd to 25th.—Annual Exhibition and Nursing and Midwifery Conference, Royal Horticultural Hall, Westminster, London. 12 noon to 10 p.m.

April 24th.—Association of Inspectors of Midwives: Annual Meeting. Royal Horticultural Hall, Westminster, S.W.

April 26th.—Belgrave Hospital for Children. Princess Royal will re-open the Babies' Ward.

April 26th.—The Cleveland Street Branch of the Central London Sick Asylum Nurses' League. "At-home." 4 p.m.

April 28th.—The Central Committee for the State Registration of Nurses: The Prime Minister will receive a Deputation, the House of Commons, 4 p.m. The Deputation will be entertained to Tea by the Right Hon. R. C. Munro-Ferguson, M.P., who is in charge of the Nurses' Registration Bill.

April 30th.—Irish Nurses' Association: Lecture on "Gynaecological Nursing," by Dr. Gibson, 34, St. Stephen's Green, Dublin. 7.30 p.m. Unavoidably postponed from April 23rd.

April 30th and May 1st.—Nurses' Missionary League. Missionary Exhibition, Holborn Hall. 9.30 a.m. to 9.30 p.m.

A WORD FOR THE WEEK.

The best part of health is fine disposition. It is more essential than talent, even in the works of talent. Nothing will supply the want of sunshine to peaches, and, to make knowledge valuable, you must have the cheerfulness of wisdom.—*Ralph Waldo Emerson.*

DE FINLEY'S PRAYER.

God give me guidance in my ways
To do the things I should.
God give me length and strength of days
To do the things I would.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

GREETINGS FROM THE GERMAN NURSES' ASSOCIATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—It is my privilege to send you the heartiest congratulations of the German Nurses' Association upon the Silver Jubilee of THE BRITISH JOURNAL OF NURSING, and for the untiring work you have done for the profession at large in conducting your splendid paper through twenty years for the best of nursing. Since I met you first here in Berlin at the International Council of Women, 1904, when our Association was happily affiliated to the International Council of Nurses, I have followed with eager interest not only the affairs of nursing in your country, but in the whole world through the pages of your Journal, which has no equal in any country. I have very often been upheld in my own hard battle by the unflinching courage and strength with which you always put your finger on the sore spots of our marvellously mismanaged profession. In no grove of life has the struggle between man and woman been harder than in nursing. This finest and best and most womanly profession finds itself fulfilled almost only by women, and mostly women of the best type, in the worst way handicapped through the will of men, in whose power is the whole ruling of it. Never will nursing be quite what it could and should be for the benefit of our people, till women get the vote and are able to arrange their own training and life, and their work for suffering mankind.

There cannot be anything we more fervently wish for you, the true and stalwart champion of the cause, than that you may soon see the coming of State Registration in your own country. It seems almost impossible that in Great Britain, the country of Florence Nightingale, it has taken more than a quarter-of-a-century to gain at least this first beginning of a right and sound standard for our profession. But if you get it at last, I hope it may at least be the right thing, that needs not a new battle to amend it to be of real use, as we have to do with our Registration system in Germany, which with only one year of training is a rather poor thing. Put all your forces to the wheel and soon it must spin round and give you the sorely needed help!

We can't give you for your Silver Jubilee a better present than sending the first £7 for the Florence Nightingale Memorial, collected by our members. This small sum may be a nucleus for getting you something like our College-courses for Nurses in Leipsic. We begin now the second term with twelve lectures on the History of Nursing, which

I have to deliver. It will interest you to have the "Studienplan" of those courses, which have to be followed for the final examination. Like Columbia University we put that at the end of two years, but we ask five years' practical nursing before we allow candidates to go in for the course, as we do not want to encourage superficialism, and will not have women as leaders who shunned the practical hard work of our calling.

May you be able to keep on for many years as 'the advance-guard of nursing interests' and may your country realize what it means to have a fearless, unwavering champion in a cause that is not only one of our profession, but of Humanity!

Full of the best wishes for your further work.

Truly yours,

AGNES KARL
President of the German
Nurses' Association.

"A TRIFLE SHOWETH RESPECT."

To the Editor of THE BRITISH JOURNAL OF NURSING.

With love and gratitude from

OLD SISTER PRESIDENT.

30, Hogarth Hill,
Hendon.

A guinea was generously enclosed, and will be used for promoting State Registration of Nurses.

A former Sister President" would be a more accurate description of the ever young-hearted lady in question.—ED.]

MISSIONARY NURSES IN INDIA.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR, I have just finished compiling for publication the list of Missionary Nurses in India. It is a long list, and contains names from almost every Protestant country in the world, though, of course, much the largest proportion are from English-speaking countries. It is impossible to estimate the debt which Indian people owe to these nurses, as the civil hospitals are for the most part quite unstaffed by nurses, and only a very few have training schools. Some years ago, Dr Macphail, the editor of "Medical Missions in India," wrote, in referring to the list then published: "The increase in the staff of qualified nurses is really a more reliable indication of the better organisation, and greater efficiency of medical missions than an additional number of doctors." There is only one weak point in this list, and that is the fact that in some cases nurses are still being sent out, whose training has been incomplete, on the supposition that in a country where the majority of the people are ignorant of the rudiments of hygiene and the most ordinary care of the sick, even the slightest training will be of use. This may be true as regards ordinary missionary work, but the training of Indian nurses should be entrusted only to those who have undergone a full training at home; and are thoroughly conversant with the routine and methods of hospital life, even though those

methods may have to be adapted in many ways to be successful here. Big orphanages also should have a qualified nurse on the staff, and not simply missionaries, who, though they do their best, have never been trained to look after the health of a number of people, or the sanitation of institutions, and usually have had no previous care of children. Mission boards are becoming educated up to this, and there are a few now which send out only nurses who are fully trained. This should be the rule of all Mission Boards.

The remarks about the *Nursing Journal of India*, which appear from time to time in your JOURNAL, are most encouraging, and are greatly appreciated by us.

Ever yours sincerely,

ETHA BUTCHER KLOSZ,
Editor *The Nursing
Journal of India*.

REPLIES TO CORRESPONDENTS.

Correspondent, Edinburgh.—Your question as to the difference between secretion and excretion is an important one. The two terms are totally different in meaning as in derivation, but they are often used somewhat carelessly because the secretion or formation of a fluid by a gland is in health usually followed by the pouring out or excretion of that fluid. For example, saliva is secreted by the glands and then excreted into the mouth. The secretions of the gastric glands are likewise of no use to the system until excreted into the stomach. Still, excretion might more correctly be confined to the description of the action of such organs, e.g., the skin, bowels, lungs, and kidneys, as collect and throw off the waste products of the body.

OUR PRIZE COMPETITIONS.

April 26th.—Mention some of the uses of the skin, its condition in health, and some prominent features characteristic of disease.

May 3rd.—Give routine nursing precautions to prevent post-operative pneumonia.

May 10th.—What complication is most to be feared in diphtheria? How would you guard against it?

NOTICES.

WHERE TO GET THE B.J.N.

It unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. Copies can always be procured at the offices, 431, Oxford Street, London, W., and through Messrs. W. H. Smith & Son. In Scotland from Menzies & Co., Glasgow; and in Ireland from Fanning & Co., Dublin.

NEW SUBSCRIBERS.

The Editor hopes that every reader, who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers, so that its constructive work for the profession may receive ever increasing support.

The Midwife.

A PRELIMINARY COMPARATIVE STUDY OF BREAST-FEEDING IN PRIMIPARÆ.

The elderly primigravida has, according to most authorities, a slightly longer labour and a higher percentage of deliveries completed artificially than a younger primigravida. It will perhaps be interesting to consider her as a nursing mother, and to see if she is less able to feed her baby than a younger woman.

It would be reasonable to believe that the functional activity of the mammary glands is affected as age advances: there is usually some amount of fibrous degeneration, the breasts are usually less supple, and the nipple is tougher.

Psychologically, the elderly primipara is usually keen on nursing the baby herself. The exercise of this new function is to a well-balanced woman a pleasure. She is also as a rule more enlightened as to her maternal duties in this respect than a very young mother.

The following details are necessarily a very incomplete record of breast feeding, as the

observations were only made during the first ten days of the puerperium, but it is comparatively rare to find a woman who is an unsatisfactory nurse during this period improve later: there are, of course, exceptions. It was the idea of the writer originally to follow up each

case, but it was found impracticable; the mothers belong to a class that are constantly moving about from place to place, and even when it is possible to interview them the efficiency of the nursing is difficult to determine: this paper, therefore, only touches the fringe of an enquiry into the present day efficiency of the working class woman as a nursing mother. The value of insisting on breast-feeding or partial breast-feeding is clearly shown, since in a



MOTHERHOOD.

sequence of a hundred elderly primiparæ (*i.e.*, those over thirty) there are only four women who proved incapable of nursing the child to some extent during the first ten days. Women suffering from albuminuria, heart disease, mania, epilepsy, marked anæmia, were excluded; those who had premature infants, twins, or babies suffering from difficult forceps deliveries were

obviously unsuitable for comparison, and have therefore been eliminated.

The rule of the hospital is that every mother shall breast-feed her baby, unless there is some contra-indication. The baby is weighed daily; if the weight is found to be less on the sixth day than it was on the third day, the baby is weighed before and after each feed during the next twenty-four hours; if by these test-feeds the baby is found to be unable to get a sufficient quantity from the breast, supplementary food is given. The weight of the baby and character of the stools are, of course, the best testimony to the efficiency of the mother as a nurse. The diet given is generous:— $1\frac{1}{2}$ pints of milk, milk pudding, eggs, red meat, potatoes, bread and butter, and broth are given after the bowels are freely opened. In the majority of the cases under consideration, the baby was put to the breast two-hourly during the day and four-hourly during the night; in the small minority of cases, the baby was fed three-hourly from birth onwards.

For purposes of classification, the mothers are divided into six classes:—1. *Those whose babies regained their birth weight by the end of the first week, the weight curve steadily rising with gain of $\frac{1}{2}$ to 1 oz. per day.* These are to be considered good nursing mothers. To this class belong twenty-five elderly primiparae and thirty-four primiparae between the ages of twenty and thirty. A large proportion of the babies (thirty-seven out of fifty-nine) regained their birth weight on the sixth or seventh day; in two cases only was the birth weight regained on the third day. The smallest baby weighed 4 lb. 11 oz. at birth, regained the birth weight on the sixth day, and weighed 4 lb. 15 $\frac{1}{4}$ oz. on the tenth day. The largest baby weighed 6 lb. 4 $\frac{1}{2}$ oz. at birth, regained the birth weight on the seventh day, and weighed 6 lb. 8 $\frac{1}{2}$ oz. on the tenth day; this mother was an elderly primipara.

2. *Those whose babies regained their birth weight later than the seventh day; the charts, however, show a steadily rising curve.*—In the majority of the cases the delay in reaching the birth weight was due to the fact that there was a large initial loss during the first few days. To this class belong twenty-nine elderly primiparae, and eleven primiparae between the ages of twenty and thirty. The large initial loss was most marked in babies weighing over 7 lb.; in no case did the baby weigh less than 6 $\frac{1}{4}$ lb., in three out of ten cases the baby weighed over 8 lb., the average works out at 6 lb. 15 oz. Experienced nurses are familiar with the fact that fat babies generally have a

larger initial loss than those that are less well nourished. It may partly be accounted for by the larger amount of meconium passed.

Age.	Initial Loss.	Birth Weight.	Weight on 10th Day.	Weight Regained.
31	10 oz.	133 $\frac{3}{4}$ oz.	131 $\frac{3}{4}$ oz.	12th day.
30	12 oz.	126 oz.	125 oz.	11th day.
31	—	112 $\frac{1}{4}$ oz.	113 oz.	10th day.
32	—	115 oz.	115 $\frac{1}{4}$ oz.	10th day.
30	11 $\frac{1}{2}$ oz.	120 $\frac{1}{2}$ oz.	132 $\frac{1}{2}$ oz.	9th day.
35	10 $\frac{1}{2}$ oz.	115 $\frac{1}{2}$ oz.	111 $\frac{1}{2}$ oz.	—
24	11 oz.	116 $\frac{1}{2}$ oz.	117 $\frac{1}{2}$ oz.	11th day.
21	10 oz.	134 $\frac{1}{2}$ oz.	134 $\frac{1}{2}$ oz.	10th day.
21	10 oz.	108 $\frac{1}{2}$ oz.	108 $\frac{1}{2}$ oz.	10th day.
25	10 oz.	110 $\frac{1}{2}$ oz.	120 $\frac{1}{2}$ oz.	9th day.

This class contains six babies weighing less than 6 lb.; the smallest baby weighed 4 lb. 12 oz., on the tenth day the weight was 4 lb. 13 oz.

3. *Those, whose babies regained their birth weight the seventh day, but afterwards gained excessively, the milk being either too abundant or unduly rich.* Some gained too much one day and lost the next; in all the weight curve was erratic. This class is isolated to impress upon those who have the supervision of breast feeding the value of test-feeds, and the necessity for restricting the length of the feed or otherwise modifying it in those cases in which the chart shows an excessive gain. To this class belong five elderly primiparae and nine primiparae between the ages of twenty and thirty. The standard taken in this class was perhaps somewhat severe: a persistent gain of over 2 oz. a day, or an erratic large gain followed by a considerable loss, relegated the mother to this class. One baby actually gained 6 $\frac{1}{4}$ oz. one day and 6 oz. another. Another baby weighing 8 lb. 6 oz. lost 8 oz. on the fifth day, yet weighed 8 lb. 11 oz. on the tenth day. In two cases there was a very small initial loss, and in one case lactation was established on the second day. This only occurred in one other case in the series of 200 cases.

4. *Those whose babies did not regain their birth weight till the tenth day or later, with poor or erratic weight curve.*—In this class are included also the babies who regained their birth weight earlier, but had a poor weight curve. The fault in many of these cases lay in the weak digestive and assimilating powers of the baby, as the test feeds proved satisfactory, or otherwise supplemental feeds would have been given. The poor weight curve in many cases was due to some degree of enteritis

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or to green stools (nine cases), one infant was markedly syphilitic, another had an abscess, and in ten cases there was a large initial loss (10 oz. or over), all these, barring one, were the babies of primiparæ between twenty and thirty; here again, as in class 2, the average weight of the babies at birth was over 6¾ lb. (average 7½ lb.); in no case was the baby under 6½ lb. To this class belong seventeen elderly primiparæ, and twenty-seven primiparæ between the ages of twenty and thirty.

5. *Those whose secretion was poor in quality or quantity.*—In these cases the baby had supplemental feeding, suitable to the size and digestive powers. To this class belong twenty elderly primiparæ and twenty-seven primiparæ between the ages of twenty and thirty. Babies on supplemental feeds did apparently badly on the whole, *i.e.*, the weight curve was poor; of the twenty cases in which the mother was an elderly primipara, only four regained their birth weight on the tenth day, in the other twenty-seven cases only one baby regained its birth weight on the tenth day. This poor result was in some cases due to the use of Holt's formulae. These aim at training the digestive powers of the baby slowly; the percentages of fat and protein are low. Several had slight enteritis. In scanning the weights of the babies at birth, the number of babies exceeding 7 lb. is striking (twenty-two out of thirty-nine). Ten of them weighed over 8 lb., the heaviest weighed 9 lb. ½ oz., the smallest weighed 4 lb. 9½ oz. This was a full term baby, but very immature. There was no other baby under 5 lb.

6. *Those who were unable to nurse the baby, owing to the absence of secretion.*—To this class belong four elderly primiparæ. In two of the cases the mother was over forty; the others were aged respectively thirty-one and thirty. It is perhaps interesting to note the results of breast feeding in women over forty:

Age.	Feeding.	Result.	Weight at Birth.	Weight 10th Day.
40	Breast	Good weight curve.	120¼ oz.	133 oz.
42	Breast	Regained birth weight 7th day, fair curve.	94 oz.	97 oz.
40	Supplemented.	Initial loss 7 oz, poor curve.	93 oz.	91¼ oz.
41	Breast	Regained birth weight 5th day, steady gain.	107 oz.	113 oz.

Summary.

	Elderly Primiparæ.	Primiparæ ; between the ages of 20 and 30.
Class 1.—Excellent ..	25	34
Class 2.—Good ..	29	59
Class 3.—Excessive ..	5	9
Class 4.—Poor ..	17	27
Class 5.—Supplemented ..	20	46
Class 6.—No secretion ..	4	—
	100	100

At first sight, it appears that the younger woman is a better nursing mother than the so-called elderly. Although it is fallacious to argue from such a small number of statistics, it certainly does appear that there is a comparatively high percentage of the latter class who are totally unable to feed their babies (4 per cent.), but otherwise, if women in classes 1, 2, and 3 are grouped together as efficient nurses, the elderly primiparæ do not come far below the standard of the younger primiparæ; and if women in classes 4, 5, and 6 are grouped together as "bad nurses," the figures tell against the younger women. Many of these latter were unmarried women, more or less distressed and anxious at the responsibility and shame of their condition. As breast feeding is so largely influenced by the nervous condition of the mother, this may account for many of them being indifferent nurses. It is surprising to find that only 56 per cent. of the primiparæ were good nursing mothers, but it must be remembered that many of the women had been ill-fed during pregnancy and were drawn from the lower strata of the working classes.

Taken as a whole, this study of breast feeding in primiparæ shows that the elderly primipara is as good a nursing mother as a primipara between twenty and thirty, but that in a small percentage of cases she is unable to breast-feed her baby owing to lack of secretion.

The writer gratefully acknowledges the kindness of Dr. Darwall Smith in allowing her to use the York Road Hospital records for the purposes of this article.

M. O. H.

RURAL MIDWIVES IN IRELAND.

An Irish nurse suggests that midwives in that country should be constituted into a service under the State, paid an adequate living wage, and properly inspected. At present, for the most part, under the Poor Law they only receive from £20 to £30 *per annum*, in many cases without lodging or allowances.

MOTHCRAFT COMPETITIONS.

The Mothercraft Competitions, organised by the Association of Infant Consultations and Schools for Mothers, which is a department of the National League for Physical Education and Improvement, and held at the L.C.C. Infant Schools in the Charing Cross Road on Saturday last, aroused an immense amount of interest amongst the Schools for Mothers, Infant Consultations, and other societies affiliated to the above Association.

The fifteen competing societies, each of which had its special badge of a distinctive colour, sent its six best members previously tested locally to enter for the central examination. The competitions were as follows, and three prizes of £1, 10s., and 5s. respectively were given in each section:—

CLASS I.—*Examiner*, Dr. Eric Pritchard. *Subject*, Six simple questions in mothercraft, *i.e.*, (1) What should be the weekly gain of a healthy baby? (2) (a) What is thrush; (b) How is it caused; (c) How is it prevented; (d) How is it cured? (3) What clothes does a baby require when it is four months old? (4) How and when would you wean a baby? (5) What steps would you take to find out the reason why your baby is crying? (6) What precautions would you take to keep cow's milk sweet? *First Prize*, Camberwell School for Mothers (Mrs. Beckenham). *Second Prize*, Fulham (South) School for Mothers (Mrs. Cooper). *Third Prize*, St. Pancras School for Mothers (Mrs. Russell).

CLASS II.—*Examiner*, Miss Atherton. *Subject*, Undressing and dressing a baby. *First Prize*, St. Pancras School for Mothers (Mrs. Gibbs). *Second Prize*, Camberwell School for Mothers (Mrs. Law). *Third Prize*, Women's League of Service, Battersea Branch (Mrs. Storey).

CLASS III.—*Examiner*, Dr. Selma Fox. *Subject*, The baby showing evidence of the best condition and the greatest care. A disappointment awaited Mrs. Stoner who would have received the first prize in this Section, as she was disqualified because her baby was unvaccinated. *First Prize*, St. Marylebone Health Society, Southern Centre (Mrs. Johnson). *Second Prize*, Fulham, North (Mrs. Imrie). *Third Prize*, Fulham, South (Mrs. Knight).

CLASS IV.—*Examiner*, Miss Goodchild. *Subject*, A knitted vest or belt. *First Prize*, Fulham, North (Mrs. Adams). *Second Prize*, St. Pancras (Mrs. Barkess). *Third Prize*, Hammersmith, Mother's Welcome (Mrs. Riddell).

CLASS V.—*Examiner*, Miss Goodchild. *Subject*, Cutting out a pattern from memory. *First Prize*, St. Pancras (Mrs. Hyde). *Second Prize*, Lancaster Road School for Mothers (Mrs. Goldson). *Third Prize*, Hammersmith Babies' Welcome (Mrs. Money).

CLASS VI.—*Examiner*, Miss Goodchild. *Subject*, A shortening flannel petticoat. *First Prize*, Fulham, North (Mrs. Adkins). *Second Prize*,

Fulham, South (Mrs. Clark). *Third Prize*, St. Pancras (Mrs. Cahill).

CLASS VII.—*Examiner*, Miss Cule. *Subject*, Cooking. *First Prize*, Fulham, North (Mrs. Heath). *Second Prize*, League of Liberal Christianity (Mrs. Everett). *Third Prize*, St. Marylebone Health Society, Northern Centre (Mrs. Eales).

CLASS VIII.—*Examiner*, Miss Skillman. *First Prize*, Lancaster Road (Mrs. Biggs). *Second Prize*, St. Marylebone Health Society, Northern Centre (Mrs. Waters). *Third Prize*, Fulham, South (Mrs. Williams).

CLASS IX. *Examiner*, Miss Marsters. *Subject*: Washing a baby's bottle. *First Prize*, Fulham South (Mrs. Morton); *Second Prize*, St. Marylebone Northern Centre (Mrs. King), and Fulham, North (Mrs. Aldous), bracketed equal. A prize of 6s. each was awarded. *Third Prize*, St. Marylebone Northern Centre (Mrs. Robshaw).

In addition to the prizes there was a Challenge Shield, given by the *Daily News and Leader*, to be competed for.

After tea, Bishop Boyd Carpenter, in an eloquent speech, announced that the Challenge Shield had been won by Fulham, North, and that St. Pancras was bracketed second with Fulham, South. Mrs. Boyd Carpenter presented the prizes. With the shield, which is to be contested for each year, was awarded a handsome pair of brass scales, which are the permanent possession of the Fulham (North) School for Mothers, and with which the mothers appeared delighted though one was heard to observe: "I say, Miss Williams, what about cleaning the scales?"

There are rumours that a consolation prize is to be awarded to Mrs. Stoner, whose disappointment is increased by the fact that had she not been disqualified St. Pancras would have won the Challenge Shield.

All the mothers who gathered for the competitions received certificates of skill, as this had already been tested at the local centres.

The promoters of the competition, and the mothers themselves, appeared well pleased with the result. Another year perhaps a building more suitable for the purpose will be secured, and the experience of the present year will show in which directions greater organization is desirable.

PENSIONS FOR MOTHERS.

The Ohio Legislature has enacted a Bill providing pensions for mothers, the object of which is to enable poor women to bring up their children. Women with one child will receive fifteen dollars a month and seven dollars a month for each additional offspring. The condition attaching to these payments is that the mother has lived in Ohio for two years, is a widow, or has a husband who is physically or mentally disabled, or has deserted her, and has no son above 15 or daughter above 16 years old. The Court is to be satisfied that without a pension the home would be broken up, and that the woman is a proper guardian for her children. The Bill is part of the Child Code.

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EDITORIAL.

THE SANCTITY OF THE BODY.

The care of the body has always been regarded as a primary duty of civilization. We have scant respect for the person who neglects personal cleanliness. We admire those self-respecting persons who, in poverty and distress, take trouble to present a good appearance. For personal appearance is a fair gauge of self-respect, without which no one can secure or retain that of others. Fundamentally, no doubt, most people care for the body as the temple of the indestructible germ of life, although there is a cult which misuses the temporal body in order to lay stress on that which is spiritual.

In infancy, sickness and old age, when attention to the details of personal care are impossible to the individual, this office falls into the hands of others, largely into those of trained nurses. It is a high and honourable one, and they cannot regard as too stringent the duty of keeping the sanctity of the body inviolate. That the majority of nurses invade and discharge this duty faithfully, we know well.

For instance, since refined and educated women have been in responsible charge of hospital and infirmary wards their whole atmosphere has changed. If the public wish to realize this, let them read the late Miss Louisa Twining's description of the Strand Union in 1856, "a most depressing sight, more so than any prison," or of the Islington workhouse, where a poor blind man confided to her the misery he endured from the bad language used around him; then let them visit the bright, cheerful wards of one of our large Poor Law infirmaries to-day, where the patients are kindly and skilfully cared for, and a bad word is practically never heard. A greater object-lesson in the uplifting influence of the trained nurse could not be received.

The respect and consideration shown for the body in life are equally incumbent after death, and in this also trained nurses have shown themselves faithful, and no part of their work has been more appreciated by the relatives of those departed, than their tender care of the dead. For the poor especially appreciate respect for the tired worn out body which in life so often contended bravely against heavy odds. And if not—then at least the dead are entitled to the respect which could not always be felt during life, and as the veil is drawn over the still face, and the kindly earth hides the body from view, we recognize them as symbols of the security of secrets known only to the dead and his Redeemer sure that—

"There is no place where Earth's sorrows
Are more felt than up in heaven,
There is no place where Earth's failings
Have more kindly judgment given.
For the love of God is broader
Than the measure of man's mind,
And the heart of the Eternal
Is most wonderfully kind."

As the humanizing, tender influence of the nurse makes itself felt in the treatment of the dead, so the brutal notices which at one time defaced the walls of hospitals as to the right retained by the institution to perform *post mortem* examinations after death have been we hope for ever abolished, though in the light of a recent statement of the Secretary of the London Hospital that "at some of the London Hospitals *post mortems* are carried out on every patient that dies" and that they "refuse to admit patients to the hospital on any other conditions," it seems that the respect due to the wishes of the dead and their relatives, as well as the legal aspect of the position, need to be impressed on the committees, entirely composed of men, of such hospitals. In our opinion no *post mortem* should be made on a hospital patient without the written consent of the nearest relative.

OUR PRIZE COMPETITION.

MENTION SOME OF THE USES OF THE SKIN, ITS CONDITION IN HEALTH AND SOME PROMINENT FEATURES CHARACTERISTIC OF DISEASE.

We have pleasure in awarding the prize this week to Miss Gladys Tatham, Davos Platz.

PRIZE PAPER.

The chief uses of the skin are *excretory*, *protective*, and *ornamental*. The skin is an important organ of excretion, and a valuable aid to the other excretory organs in getting rid of waste matter thrown off by the body. Through the skin waste matter escapes by way of the sweat and sebaceous glands in the form of vapour, watery substances containing sundry impurities, and called collectively "sweat," and a fatty or oily fluid which lubricates the skin.

The skin acts as a protective envelope to the body, chiefly by keeping the body-temperature equable by helping to regulate the radiation and escape of heat from the surface of the body. During cold weather, or when for any reason the body loses too much heat, the pores of the skin contract, and help to retain the normal temperature. In hot weather, or when the body is overheated, the pores expand and give off moisture, helping to cool the body by evaporation. The skin also acts protectively by preserving the superficial nerves and blood-vessels from scratches or other forms of injury.

A healthy skin also serves ornamental purposes.

The outer layer of the skin is called the *cuticle*, and consists of dry epithelium, which can be removed without causing pain or bleeding.

The deeper layer of skin is known as the *cutis*; it contains small blood-vessels, and nerve fibres which end in minute projections called papillae. As stated above, sweat and sebaceous glands are also part of the skin.

Sweat glands are minute tubes opening on to the surface of the skin, but having their roots in the deeper layers.

Sebaceous glands supply the oily matter which lubricates the skin.

Nails and hair are modifications of the cuticle. Nails are scales compactly laid one on top of the other. Hair arises from a root embedded in the true skin; it is hollow, like a tube, with a central pith. It also contains pigment, and a certain amount of oil.

In health the skin should be clear, free from oiliness, but not too dry; the sebaceous glands and sweat glands should be capable of acting freely. The nails should be hard, not brittle

and dry, smooth and of a good colour, not ridged, bent, or misshaped in any way. The hair should be clean, free from dandruff (or scurf), not "lanky" with oil, but glossy with its natural lubricant, free from any strong odour.

Disease of the skin may be (a) Functional or (b) Organic.

(a) Functional affections of the skin include the following:—

Pruritus, or itching, generally with absence of any eruption.

Atrophy of the skin, as, e.g., the waxy, white lines across the abdomen in ascites, or following pregnancy.

Albinism, or congenital absence of pigmentary colouring matter.

Lentigo, or freckling.

Chloasma, a yellow or brownish discolouration on the forehead or neck of women, especially in pregnancy.

Affections of the hair, e.g., alopecia or baldness, brittleness, and premature greyness of the hair.

Affections of the Sebaceous Glands, including "blackheads," various small forms of pimples. *Seborrhoea*, an excessive secretion of fatty matter giving rise to an oily appearance, and in certain forms also to a scaly eruption with offensive odour.

Affections of the Sudoriparous or sweat glands, including absence of all perspiration; excess of perspiration (usually a symptom of various diseases); bromidrosis, or offensive odour of the sweat; and very rarely chromidrosis and hematidrosis—i.e., coloured and bloody sweats.

(b) Organic affections of the skin include the various forms of—

Erythema.

Eczema, either chronic or acute, or seborrhoeic in type.

Impetigo, a disease chiefly seen among children of the poorer classes. It is due to unhygienic conditions in the first place, but is highly infectious and contagious.

Urticaria, or nettlerash, an intensely irritating eruption. Certain articles of food causing digestive disturbances, internal parasites such as threadworms, and contact with jellyfish are some of the conditions likely to bring on an attack.

Herpes Zoster, or Shingles, is a painful eruption which may appear almost anywhere, but more frequently is seen below the ribs or across the lumbar region. There is usually intense neuralgic pain in the region corresponding to the nerve root involved, with slight feverish symptoms. The skin involved becomes

erythematous; then vesicles form which may go on to ulcers.

Herpes Facialis is a localised affection, usually about the angle of the mouth, frequently seen after pneumonia.

Dermatitis is a chronic skin disease; erythema, vesicles, and bullæ are the principal lesions, accompanied by itching, and of a polymorphous, recurrent character.

Syphilis may cause destructive ulceration of the skin on any part of the body. In congenitally syphilitic infants a coppery coloured erythematous rash on the buttock is very characteristic.

Psoriasis is a common and important skin disease. Dry, silvery scales develop on an inflamed base; the scales are adherent, and bleeding may occur on their removal. Itching is usually not at all severe.

Lupus, a chronic and disfiguring disease sometimes regarded as of tuberculous or syphilitic origin. It usually starts by small red spots, which coalesce, become scaly, and later ulcerative.

Ringworm, *Scabies*, and *Favus* are parasitic diseases of the skin, the characteristics of which are well known to every nurse.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss H. Scott, Miss Emily Marshall, Miss B. Pullen, Miss M. Robinson, Miss J. Phillips, Miss Macintyre, Miss O'Brien, Miss Mabel Spencer, and Miss J. van Schermbeck.

Mrs. Marshall writes:—*Erysipelas* is an acute inflammatory disease of the skin, attended with fever and prostration. The skin appears swollen, red, and shiny, and burns and is tender to the touch. It is most common of the head and face, and spreads rapidly. In some cases, called *Erysipelas migrans*, the eruption covers much of the surface of the body. It is justly dreaded by surgeons, and especially in hospitals, as it spreads from one patient to another, being so infectious that the whole building may have to be abandoned for fumigation. Thanks to Lord Lister and anti-septic precautions, very few cases are reported in these days.

Jaundice.—A marked staining of the skin is a characteristic feature of this disease. The bile, a yellow or greenish-yellow fluid from the liver, gets into the blood and circulation, and the skin is saffron colour in consequence.

Miss Scott states that the skin is not merely a membrane or covering: it is an organ, and made up of more than one kind of tissue, and is called the "cutaneous system," for each part has its own special duty to perform. It is

divided into two main portions (1) the epidermis, beneath which is (2) the "cutis or true skin." As one of the organs of the body, it has several important functions to perform: (1) it acts as a protective covering, (2) to secrete the sweat, (3) to regulate the temperature of the body, (4) to do duty as an organ of touch. The sweat is the principal secretion of the skin; it is both visible and invisible. The sweat glands are always leaking in a healthy person, even although no actual moisture is obvious. It has normally an acid reaction, and contains common and other salts, and a trace of urea. The amount of sweat is perceptibly increased in hot weather, and the reverse condition prevails in cold weather. Their action may be excessive, or deficient. The excretory function of the skin is constantly being made use of in medicine.

QUESTION FOR NEXT WEEK.

Give routine nursing precautions to prevent post-operative pneumonia.

THE INTERNATIONAL COUNCIL OF NURSES.

SAN FRANCISCO, 1915.

SAN FRANCISCO BAY.

How fair is San Francisco Bay
When golden stars consort and when
The moon pours silver paths for men,
And care walks by the other way!
Huge ships, black-bellied, lay below
Broad, yellow flags from silken China.

Round, blood-red banners from Nippon,
Like to her sun at sudden dawn—
Brave battleships as white as snow,
With bannered stars tossed to the wind,
Warm as kiss when love is kind.

—*Joaquin Miller.*

Early in June, 1915, the nationally organised nurses of the world propose to foregather for their Triennial International Congress at San Francisco. One of the most important features of the Exposition will be the Conferences of the great thinkers and workers of all nations along lines of industry, science, and education who will meet there, and only such individual Congresses will be included in the series as are considered worthy from their nature to be placed on a national and international plane. The recognition, therefore, by the Exposition Authorities of our International Council of Nurses, places it at once amongst the leading associations of thinkers and workers helping forward the civilisation of the world. Such

recognition of the status of our profession is naturally very gratifying to us, and will prove a keen incentive to the high standard of our endeavours.

So deeply impressed are the Directors of the Exposition with the importance of the Congresses and Conventions, that they have set aside a million dollars for the erection of the great auditorium and halls, in which such meetings are to be held.

When the doors of the Exposition shall finally be opened in 1915, five great streams of travel will pour into its courts: one coming down in transcontinental trains via the blue Inland Sea which stands amidst the circling snowclad peaks of Utah, over the Sierras, into the perfumed valley "where the fields wear diadems" (that may be our way). One will come up from the South by the "Sunset route," by coast steamers and by train, winding in and out along the sea or through the rich valley of the San Joaquin. Another will come from the North over the Canadian Pacific route, through the wonderful Dominion of Canada, across Ontario Province, the big game country, past the Lake of the Woods to Winnipeg, across Manitoba, Saskatchewan, and Alberta, the granary of the British Empire, a wheatfield a thousand miles in width; from Calgary across the Canadian Rockies, over six hundred miles of superb scenery, to Vancouver, and thence by steamer and rail to San Francisco. One will sail through the Golden Gate in ships from the Orient, or Australasia, and, most important of all, an endless procession of Europe's great steamships will cross the Atlantic, skirting around the Island of Cuba, then slowly through the Panama Canal, dropping at last into the Pacific, and later casting anchor before the portals of the Exposition in San Francisco Bay.

The Exposition grounds contain 625 acres, forming a natural amphitheatre overlooking the Bay, and extend over two miles on the water front. Everything is to make for beauty; there is to be no clashing with Nature's charm, and vivid effects of colour are to play an important part in the scheme. The buildings, wonderful gardens, lawns, shrubs, trees and flowers, seas and skies, will combine in harmony, and from the esplanades the shipping and pleasure craft by day, and the illuminations by night, cannot fail to delight and entrance those who will come from the uttermost parts of the earth, to celebrate the completion of the monumental task, of bringing closer together by 8,000 miles the East and the West, by connecting the Atlantic and Pacific Oceans by the Panama Canal.

THE RETURN TRIP.

When our Triennial is at an end we usually part with many dear friends—alas! sometimes never to meet again—and straight return to duty in somewhat chastened mood. At San Francisco this will not be so, as it is planned to have a very delightful trip home. We may go South and come first to Big Tree, and will here be shown the wonderful Grove of Giant Redwoods, many of these magnificent trees rising to 250 and even 300 feet, then down the lovely coast to Santa Cruz and Del Monte, where the combined charm of sea, forest, valley and climate are indescribably delightful. The ancient city of Monterey is close by, and a seventeen-mile drive in this exquisite district will be one of the charms of the trip. From Del Monte we come to Santa Barbara, picturesquely situated under the shelter of the Santa Ynez Mountains, then on to the capital of Southern California, Los Angeles, surrounded by scented orange groves. From here can be visited the lovely Catalina Islands, home of leaping tuna, where through glass-bottomed boats may be viewed the beautiful submarine gardens.

From Los Angeles we are to go inland, and arrive next at that wonder of the world, Grand Canyon. The hotel on the brink of the Canyon is 7,000 feet above the sea, and commands a most glorious outlook. The Grand Canyon is a mile deep, thirteen miles wide, two hundred and seventeen miles long, and is painted like a flower! Imagine the ensemble of such a stupendous panorama—a thousand square miles in extent, all within vision, as if one stood upon a mountain peak, instead of on the level brink of a fearful chasm in the plateau, whose opposite shore is thirteen miles away! It is possible to descend to the Colorado River at the foot of the Canyon. Then farewell to California, and we travel across the great continent, through Arizona, passing the Petrified Forest and Indian Reservations, through Kansas, across Missouri to St. Louis, through southern Illinois, Indiana, Ohio, West Virginia, Maryland, to Washington, where it is planned to stay one day, and then on to New York, and so home.

To tear oneself away from Washington after a day's visit will be impossible. For Washington, the capital of the United States, is a city of so much sentiment—the very heart, and the pride of the vast continent of States. Surely after crossing their marvellous expanse, one must rest and quietly study the expression—in art, in architecture, in mechanics, of the virile American people, who are pouring out their genius and wealth in the making of their

National Capital, the most splendid, and maybe the most renowned city of the world.

Walk down Pennsylvania Avenue: see the magnificent Hall of Congress, the Congressional Library, the State Buildings of Peace and War, the simple White House, residence of the President, the Corcoran Art Gallery, and the Smithsonian Institute; stand entranced before that piercing silver-toned Shaft, Memorial to Washington. Pass across the Potomac and visit Mount Vernon, the colonial Home and the Tomb of this immortal warrior and statesman. Then do not pass Arlington by, once the home of the heroic Lees, now the Garden of Graves, the last resting-place of those of his countrymen who fought for and against him, and who died with burnished valour,—comrades now again in death.

No! There should be no hurrying away from Washington. Once there, a few quiet days should be spent in and around the city. Then let those of our blood pass into "old Virginia" and realise "the South." Two words which recall to memory happy colonial days in past centuries, and in our own times, deathless deeds of gallantry, by men and women of our race, who fought nobly and with splendour, in rage and tatters, in a hopeless cause!

Imagine the enrichment to mind and memory from such a tour as this. All that is needed by each one is a hundred pounds, and two months of time! Yet, for how small a minority of women who work all their days is it attainable!

Then think of the ruthless taxation, of the millions of money wasted by thriftless and timorous Governments, devoid of imagination, of generosity, of common sense, of mother wit! Governments hidebound in their narrow nationalism, instead of expansively humanitarian in generous internationalism.

And yet is there not a whirr on the wind, a speck in the sky?

From whence came it, whither goeth it?

One hears an echo of glee.

"Fool, fool!" cries the echo as the speck disappears, "to hope that you can chain my wings in the service of Death. The spacious spheres are my environment, I am above and beyond all human barriers and restrictions. How infinitesimal is Earth! I alone have ultimate power of devastation, disaster, sudden death, despair.

"I will none of them.

"Pile your Arms on Land and Sea.

"Peace and Plenty is my Will."

E. G. F.

THE DUBLIN NURSING CONFERENCE AND EXHIBITION.

(PROFESSIONALLY ORGANIZED).

The Scottish Nurses' Association are sending nurse representatives to the Dublin Conference, and it will give great pleasure to welcome the President, Mrs. Strong, amongst them. Mrs. Strong was a pioneer nursing educationalist, and laid the foundation at the Royal Infirmary, Glasgow, of which she was Matron for so many years, of the system of Preliminary Training for Probationers. Miss M. Wright, Matron of the Stobhill Hospital (Municipal), Glasgow, which contains 1,000 beds, will take the chair on June 6th at the Session in which Poor Law, including School Nursing, will be discussed.

Miss Violetta Thurstan, Matron-to-be of the Spezia Hospital when ready, who has returned from Italy, where she was received in audience by the Queen of Italy, will open the discussion on "The Law as it Affects Nurses" on June 5th.

The Hon. Secretary of the N.C.N., Miss B. Cutler, will be pleased to hear from those who intend to attend the Dublin Conference, so that she may be able to forward any useful information to them. The Badges to be worn, which are being prepared in Dublin, are the colours of the National Council—pink, green, and mauve—the Rose, the Shamrock, and the Thistle. No doubt there will be much additional "wearing of the green."

PRIZES.

For information concerning the Prizes offered by THE BRITISH JOURNAL OF NURSING see our advertisement, page x.

REGISTRATION IN CANADA.

The Graduate Nurses' Association of the Province of Manitoba has got its Bill for the State Registration of Nurses through the House. Hearty congratulations to the Association, and especially to its able President, Miss Cotter, who has thrown herself heart and soul into the work necessary to accomplish this triumph. We hope it is a sound Bill; anyway, the principle of legal status for nurses is accepted, and we can always improve things as we go along. This makes the second Province in Canada to recognise the good work of trained nurses. The Legislature of Ontario was the first Canadian Parliament to pass a Nurses' Registration Bill.

DEPUTATION TO THE PRIME MINISTER.

The eight constituent Societies of the Central Committee for the State Registration of Nurses have nominated their delegates to form the Deputation to the Prime Minister on April 28th. The National Council of Nurses of Great Britain and Ireland will be represented by Miss Musson, of Birmingham. In addition, the Lady Helen Munro Ferguson will accompany the deputation, and speak in the Public's interest, and the National Union of Women Workers, which affiliates hundreds of women's societies in a National Council, will be represented by Miss Agnes Garrett, a member of the Legislation Committee of the Union.

OUR SILVER JUBILEE NUMBER.

Congratulations warmly appreciated, likewise the long list of new subscribers. A second impression has been sold out. Good for us and for our advertisers!

ON ACTIVE SERVICE.

Great was the disappointment of Sisters Haswell and Park, of the Red Crescent Society, who had been ordered for service to Adrianople, to be stopped on reaching Philippopolis, where the Vice-Consul met them with a wire from Dr. Haigh saying that women must not proceed, but for the present should work at the Knaijevo Hospital at Sofia. With great regret they bade goodbye to the doctors of their party, keenly disappointed at not being permitted to rough it, and after much kindness from the Vice-Consul and his wife, left for Sofia, where the Bulgarian Red Cross seemed quite pleased to have them, as Knaijevo is the hospital for Turkish prisoners, and the day before their arrival forty-five badly wounded men had been brought up, and have now been handed over to the care of the R.N.S. Sisters. Perhaps when this useful bit of work is done they may proceed to Adrianople.

The Matron of the British Seamen's Hospital, Galata, has sent reassuring news of Sister Obce, and from Sister Warriner we learn that she is better, although still dangerously ill. Every day now will tell in her favour, if she continues to maintain her strength, and no complications arise. We hope the good medical and nursing care she is receiving will pull her through. Sister Warriner writes, "Were she a queen she could not be better cared for," and she will remain on refugee duty until she can bring Sister Obce home.

THE GUY'S HOSPITAL NURSES' LEAGUE.

The Annual Dinner of the Guy's Hospital Nurses' League, held in the Nurses' Home, is always a most enjoyable festival, and the Guy's League is, we believe, the only one which has instituted a dinner as one of its functions; but then no other London Hospital has such a charming dining-room. This year it was held on April 18th.

The members forgathered for tea to see the Annual Exhibition of the Nurses' Photographic Society, which was this year exceptionally good, and the Needlework Exhibition, held for the first time this year, but which was so excellent that there is no doubt it has come to stay.

PHOTOGRAPHIC EXHIBITION.

The awards in the photographic competition were:—

CLASS A.—For those who have won an award, *First Prize*, Sister Addison (Sea and Cloud); *Second Prize*, Miss J. Paterson (By the Burn); *Third Prize*, Miss Fisher (On Lago di Como); *Highly Commended*, work by Miss Fisher, Miss A. M. Phillips, and Sister Addison.

CLASS B.—For those who have not won an award.

First Prize, Nurse Webster (Thirlmere); *Second Prize*, Nurse Frank (Off the Coast of Arran); *Third Prize*, Miss Wilkinson (Mohammedan Cook Woman); *Highly Commended*, work by Nurse A. Hawkins and Miss E. Skinner.

CLASS C.—For photographs not the entire work of the Exhibitor.

First Prize, Mrs. Wells (Cloisters, Norwich Cathedral); *Second Prize*, Sister Kate (A Street Scene, Srinagar); *Third Prize*, Mrs. Forsyth (David); *Highly Commended*, Work by Sister Kate.

In addition a special prize for the best picture in the Exhibition was awarded to Sister Addison for her charming study in sea and cloud, and she also carried off the special prize for the best work by a member now working in hospital.

All Sister Addison's photographs were taken with a Number 2 Brownie, proving that an expensive camera is not necessary to produce good work.

Amongst the studies not for competition were several of especial excellence and charm by Miss M. Smith, amongst which the village of Saddescombe was specially noticeable.

NEEDLEWORK EXHIBITION.

The Exhibits in the Needlework Exhibition were judged by Mrs. F. M. Burgwin, Superintendent of Special Schools under the London County Council, and the awards were as follows:—

PRIZES.

Darning, Nurse Fox; *Crochet*, Nurse A. M. Ward; *Plain Needlework*, Nurse Carr Hill; *White Embroidery*, Sister Astley Cooper; *Lace*,

Carrickmacross appliqué, Nurse Staines, Carrickmacross guipure, Nurse McElroy; *Drawn Thread Work*, Sister Rebecca Ford; *Hardanger Work*, Sister Naaman.

VERY HIGHLY COMMENDED.

Church Embroidery, Nurse Drower; *Crochet*, Nurse Yewdall.

COMMENDED.

Hardanger Work, Miss Victoria Jones; *Plain Needlework*, Miss E. M. Cooper, Aylesbury; *White Embroidery*, Sister Winifred Venning.

The delicacy of the lace, the daintiness of the needlework, the beauty of the Hardanger drawn



SISTER OLIVER AND SINHALESE TWINS.
TAKEN BY MISS A. WILKINSON.

thread work, proved abundantly that though fine needlework may be in some danger of becoming a lost art in these hustling days, skill in its fashioning still lingers in the finger tips of Guy's Nurses.

DINNER.

Dinner was served at seven o'clock, and it was a very happy, merry, party over which Miss Haughton presided, supported on her right by her predecessor Miss Swift, and on her left by Miss Oxford. It was wonderful how quickly the alert and smiling maids supplied everyone's needs. Guy's is certainly to be congratulated on the high standard of excellence attained in the kitchen department.

THE BUSINESS MEETING.

The meeting took place in the Nurses' Sitting-room, Miss Oxford presiding, and Miss Haughton presented an excellent report of the year's work, first welcoming Miss Oxford on her return and making special mention of the presence of Miss Fricker from Trinidad and Miss Wilkinson from India. Miss Haughton stated that 180 weekends had been spent at the cottage, and many other visits had been paid to it; 3,000 volumes had been taken out of the library, and 30 new ones added, the Choral Society had done good work, and proposed to give a concert on May 6th, for which tickets could be obtained from Sister Light. The debating and literary society had chiefly discussed the Suffrage question, and had had excellent addresses from Mrs. Swanwick and Miss Maude Royden, and it was probable that a branch of the National Union of Women's Suffrage Societies would be formed in the hospital; the Swimming Club which had some very good swimmers at present had had a successful year; the Tennis Club had met the clubs of other hospitals including that of the Royal Free, and had now a challenge from St. Bartholomew's.

The Hockey Club had been most energetic, and had found an excellent ground at Peckham Rye. Its members had as many yarns to tell as fishermen. It had not, however, found one hospital to play a match with.

The Exhibition of Needlework was, said Miss Haughton, on view. Prizes had kindly been given by Mrs. Hale White, Mrs. Arbutnot Lane, and Mrs. Lauriston Shaw.

The seventh edition of "The Nursing Guide" would be out almost immediately.

There had been no post Graduate lectures, for which the Insurance Act was partly to blame. There had been no time to think of anything else, and it had left them all wrecks.

There had been six deaths of members during the year which were referred to with great regret. Mrs. McAlister (*née* Tanday), Mrs. Brett (*née* Archdale), Miss Millicent Cawley, Miss H. Collins, E. C. Laurence, R.R.C. and Miss E. L. C. Crowe.

The Balance Sheet showed that the League had been able to meet its current expenditure, pay £300 off the current account to reduce the debt on the cottage to £1,500, it had laid a hard court at the cottage, and closed the year with a balance of £51 in hand. There was a slight increase in subscriptions.

Lady Bective, Mrs. Hale White, and Mrs. Arbutnot Lane, Associate Members, retired in rotation, and Lady Bective had been elected a Vice President. The Hon. Mrs. Moynoux, Lady Perry, and Mrs. Charles Cameron were elected to replace them.

The meeting closed with votes of thanks to the three officers, to Mrs. Fagg, moved by Miss Swift and seconded by Miss Rowell, and to Miss Haughton, moved by Miss Fricker.

APPOINTMENTS.

NURSE-MATRON.

Nantwich and District Cottage Hospital.—Miss H. E. Cotterill has been appointed Nurse-Matron. She was trained at Blackburn Infirmary, and has been Sister at Nantwich Cottage Hospital.

HOME SISTER.

North Evington Infirmary, Leicester.—Miss Ethel Livermore has been appointed Home Sister at the North Evington Infirmary, not the Royal Infirmary, Leicester, as stated last week. She was trained at St. George's Infirmary, London.

MESSAGE SISTER.

Royal Victoria Hospital, Belfast.—Miss Lillian Humphreys has been appointed Message Sister. She was trained at St. Marylebone Infirmary, Notting Hill, W., and at the Thompson Memorial Home, Lisburn, Ireland. She has held the position of Sister at the Hanover Institute for Nurses, Charge Nurse at the Willesden Infirmary, and Sister at the Throne Hospital, Belfast. She has also had experience in private nursing.

SCHOOL NURSES.

City of Hereford. Miss Glawdys Clarke has been appointed School Nurse. She was trained at Lambeth Infirmary, where she was afterwards Sister, and has held the position of Sister at the Milton Hospital, Portsmouth, and at the Isolation Hospital, Ilford. She is also a qualified dispenser.

Glamorgan County Council, Cardiff.—The following have been appointed School Nurses:—

Miss M. E. Coverley. Trained three years at North Staffs. Infirmary and Eye Hospital; Private Nursing—two years at Devonshire Square Institution, London, E.C.

Miss C. C. Thomas. Trained three years at the Merthyr Workhouse Infirmary; she holds the C.M.B.

Miss G. M. Vaughan. Trained for three years at Paddington Infirmary; two years at Monsall Fever Hospital, Manchester; and one year at Royal Eye Hospital, Manchester. At present time Queen's Nurse; and has acted as School Nurse.

Miss Anne Williams. Trained three years at the General Hospital, Tunbridge Wells; two-and-half years at the Brook Fever Hospital; and eighteen months private nursing.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Louisa Ball is appointed to Shoreditch as Assistant Superintendent. Miss Marion Ashwell to East Malling. Miss Elizabeth Cannon to Whickham (Dunston). Miss Elizabeth A. Davies to Leicester. Miss Lisa Friend to Barrow-in-Furness. Miss Louisa Mooney to Silvertown. Miss Florence Orwin to Kettering. Miss Elizabeth Owen to Widnes. Miss Emmie Pngstone to Radcliffe. Miss Amy Sangar to Langton Green. Miss Jane P. Walker to Taunton.

NURSING ECHOES.

We draw the attention of our readers to the advertisement in our Supplement for two Matrons required by the Great Western of Brazil Railway Company at Pernambuco, Brazil, at two Staff Quarters, of which a few additional particulars may be of interest. The Quarters each contain accommodation for about twelve men, and at one of the Quarters has been established a small building suitable for nursing serious cases of illness. The applicants required must be gentlewomen with a knowledge of social affairs, and capable of taking entire charge.

The climate is tropical, and the health of the junior staff, young men aged from 20 to 30 lodged in the Quarters, has been usually extremely good. There is quite a large resident British colony at Pernambuco, with a Consular Church and Chaplain, and the conditions of life are agreeable. All applications must be addressed to Mrs. Bedford Fenwick at 20, Upper Wimpole Street, London, W.

The accompanying picture represents the medal recently presented by the Queen of Italy to the Matron and Sisters of the Policlinico Hospital, Rome. It will be seen that the medal bears the initial of the Queen on the front. On the reverse side the name of the recipient is engraved, the gold medal presented to Miss Snell being inscribed, "Dorothy A. Snell, Matron, March, 1913."

Private nursing co-operations and institutions should beware of attempts by fraudulent persons to obtain nurses whose services they have no intention of paying for, for patients who do not exist. Quite recently we heard of a man of gentlemanly appearance arriving at a nursing institution in London in a private motor car, and asking for a nurse to come immediately to a child with diphtheria some ten miles out of London. He gave the name of a doctor known to the Superintendent. Having secured and gone off with the nurse, he remembered sundry commissions at the chemist's, and that he had been too disturbed to think of bringing any money. As the nurse could not "oblige" him beyond a few shillings, he returned with her to the institution to endeavour to cash a cheque, which the Superintendent wisely refused to do. He then sent the nurse on in the car, saying that he would follow by train. Arrived at her destination, the nurse found no patient, but a lady whom the same man had endeavoured to dupe; and she was, of course, confronted with a chauffeur claiming

payment for the car, and had to interview the proprietor, and return to town by train.

In view of the frauds which are now perpetrated on nursing institutions, to say nothing of the dangers of the White Slave Traffic, it should be an invariable rule that nurses should never accompany strangers in motors or taxis.

A Sub-Committee has been appointed by the Association of Approved Societies to confer with existing Nursing Organizations, and to report to the Committee as to a scheme for the nursing of insured persons. Unless some just scheme is agreed upon there is little doubt that Local Committees will be satisfied with semi-trained nurses—who are content to undersell qualified women. And as trained nurses are so terribly apathetic where their professional standards are concerned, they will for once have to arouse themselves unless they are content to be excluded from this branch of nursing, and see it done by the semi-trained for a low wage—a very serious condition of affairs both for the sick and the nursing profession.

The Association has also adopted resolutions (1) urging the abolition of four Commissions, and that the administration of the Act should be in the hands of one administrative body, and (2) that the postal regulations should be relaxed in respect of postage of cards to and from members, and that Approved Societies should be exempt from Stamp Duty in general.

Has the cost of living gone up? This question aroused discussion at the Metropolitan Asylums Board last Saturday in connection with the shortage of nurses, which, according to Canon Sprankling, Chairman of the Hospital Committee, was not confined to the metropolitan area, but existed all over the country. An advertisement for nurses had recently been inserted by the Board, in which a higher salary was offered, but not a single application for the appointment was received.

An increase of wages of the staff was approved by the Board at this meeting which will amount ultimately to over £20,000 per annum.

Speaking at the annual meeting of the Doncaster District Nursing Association in the Mansion House, Miss Montagu, of Melton Hall, described herself as a health visitor—a curious hybrid—a combination of sanitary inspector, maternity nurse, and a rather extra good charwoman. That was her employment, and she could speak with the utmost confidence of the unspeakable value of the trained district nurse. She said advisedly trained because she had suffered severely from those who were not trained. There were places where they thought it was a good thing to get a district nurse straight from hospital, where, perhaps, she would not have been allowed to give medicine to the patients. Then she was turned loose on

to a district where she had absolute power, and she did not know what to do. An untrained district nurse was an absolute danger to the community. The nurses of that Association seemed to do an extraordinary amount of good work. To make 7,272 visits meant ten a day for each nurse, which was quite enough, for district work was most fearfully brain-fagging.

In commending the Association, Miss Montagu said it was entirely unsectarian, for they did not inquire into the character of the people whom they served, whether sinners or saints. Her experience, and it is certainly not unique, was that

sinners usually got a deal more than the saints.

However much institutional training a nurse may have had, additional experience in the homes of the poor before she is permitted full control as a district nurse is certainly indispensable.

The Committee of the Society for Providing Nurses for the Sick Poor in Belfast have for several years been anxious to obtain a large home for their nurses, as they believe the work could be more efficiently carried on if all the nurses lived in a central home. This wish has been realised, and a large house in Botanic Avenue has been bought. The total cost, including furnishing, will be about £2,000.

We hope the necessary funds will soon be raised for this useful purpose.



REGINA ELENA MEDAL.

THE HOSPITAL WORLD.

THE ROYAL SURREY COUNTY HOSPITAL, GUILDFORD.

The Royal Surrey County Hospital, Guildford, standing back from the road on the way to the famous Hog's Back, in a spacious and well-kept garden, is a typical provincial hospital of a hundred beds. Founded in memory of the last Prince Consort, it has done excellent work, and its well-kept wards afford skilled treatment and nursing care, much appreciated by the sick poor of the surrounding neighbourhood.

The Matron, Miss J. M. Jackson, was trained at St. Bartholomew's Hospital, London, and at least one of the Sisters owes her professional education to the same institution. It is

which therefore can be planned on more spacious lines.

Candidates for selection as probationers are required to be between the ages of 21 and 30, and are taken on trial for three months, at the end of which time they sign an agreement binding them to three years' service. They have experience during their term of training in the Out-patient Department as well as the wards, and those who do best have the opportunity of receiving training in massage, which is a valuable additional qualification for any nurse, and of gaining the certificate of the Incorporated Society of Trained Masseuses.

The hospital has its own laundry, recently enlarged, and an electric lift has also been installed, the cost being defrayed from special



ROYAL SURREY COUNTY HOSPITAL, GUILDFORD.

evident that they are proud of the wards, of handsome proportions, with windows on either side, admitting the maximum of fresh air and sunshine, and having at the end spacious balconies, in which a number of patients can lie out in the open. The hospital is built in the shape of a letter L, the shorter arm of which has been added comparatively recently.

There is an up-to-date operating theatre at the top of the building, and the kitchen is supervised by a lady cook.

The Nurses' Home is a building apart from the hospital, well and comfortably appointed, and each nurse has a bedroom to herself. Nurses in provincial county hospitals have the advantage over their London colleagues inasmuch as economy of space is not so important a consideration in planning their quarters,

contributions to a fund raised in response to an appeal from the Chairman, Mr. J. Eyre.



On the nomination of the President of the Royal College of Surgeons, Sir Cooper Perry, M.D. as Commissioner, with Mr. Basil Watson as legal assessor, held an enquiry on April 18th and 19th in the board room of the York County Hospital into the charges of mismanagement at the hospital, made by Drs. Macqueen and Shepherd, ex-resident medical officers. The charges comprised violence, mischarting, inadequate staffing, absence of control, neglect of patients, faulty food and accommodation, and other charges, the most serious being that a patient was removed to the mortuary while still alive.

We shall refer to the matter again when the finding of the Commissioner is made known.

MISS WILSON OF WINNIPEG.

It is always a pleasure to meet members of our profession who are serving the sick under the British flag in our spacious Colonies "where a man" (and a woman too) "has elbow room," and it was recently our good fortune to have as our guest at dinner Miss F. Wilson, Lady Superintendent of the General Hospital, Winnipeg, who is paying a short visit to this country, and to hear her views, not only on nursing questions, but on imperial affairs in the Dominion. Miss Wilson is of opinion that if our legislators had in the past shown a greater appreciation of Canada's needs, a more careful selection of emigrants would have been made, and brighter brains would have been drafted into the country to hold their own in the industrial market with all competitors. But Canada has, she thinks, benefited by recent legislation in the Mother Country, which is having the effect of driving out of the Homeland some excellent and competent workers who will be valuable acquisitions in the Dominion.

Like many other Canadians, she is keenly appreciative of the wise and beneficent rule of the Duke of Connaught in Canada, and particularly mentioned that the example of simplicity set by Princess Patricia, combined with her personal charm, was bound to be an influence for good.

Miss Wilson is of opinion that English girls who wish to work subsequently in Canada will do well to train there, as the conditions they will have to encounter are so different to those prevailing at home. At the Winnipeg General Hospital which is in the middle west, a very thorough training is given, with experience in many departments besides medical and surgical nursing, including district nursing and social service. Moreover, the atmosphere is less restrictive than in many hospitals at home. Probationers when accepted are treated as intelligent women, and know that they are trusted to keep the rules in an honourable manner.

The nursing staff at the Winnipeg General Hospital is about to be doubled, in order to meet the requirements of an increase of 200 beds. There is therefore just now a specially good opportunity of being received for training there, for Miss Wilson is requiring an addition to the staff of 120 nurses and probationers. The salaries of the nurses are excellent, being equivalent to £100 a year with board and lodging. It would be a liberal education to be trained under a Matron of such culture and charm as Miss Wilson, and girls of enterprising disposition who are thinking of entering a hospital for training would have a good chance of promotion under such a Superintendent.

THE PASSING BELL.

Still another of the little band of nurses who served with Miss Nightingale in the Crimea has passed away. Sister Mary Stanislaus (R. R. C.), who celebrated her ninetieth birthday last year, and who until a few years ago held the position

of Superintendent of the Hospital of St. John and St. Elizabeth, at St. John's Wood, died in the Convent of that institution last week. She was honourably mentioned in despatches during the war; and in 1897 (some forty years later), received the decoration of the Royal Red Cross from Queen Victoria, in recognition of her services.

A memorial service was held in the Church of St. Bartholomew-the-Less on April 18th for Miss Janie E. Hight, a member of the League of St. Bartholomew's Hospital Nurses, and of the private nursing staff, Galen House, Guildford, whose death we recorded last week.

Miss Waind, the Lady Superintendent under whom she worked for the last seven and a half years, sends us the following appreciation of her work:—"I saw a good nurse defined as 'one who always does a little more than necessary, rather than just enough or just too little.' Miss Hight was a good nurse in every sense of the word, and her lavish expenditure of self towards her patients, her colleagues, and all who knew her, will never be forgotten by us.

"A short illness has meant less suffering for her, but it has left us with very sore hearts at having so little time to show her our loving sympathy."

Everyone connected with St. Bartholomew's Hospital has been shocked and deeply grieved by the tragic death of the young surgeon, Mr. R. B. Etherington-Smith, from pneumo-coccal peritonitis, after a few days' illness. It is understood that he contracted the disease after operating on a case of gangrene of the lung.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

In returning a verdict of "accidental death," a jury at Southwark unanimously expressed the opinion that electric ambulances should be provided throughout the metropolis, and they requested that communications conveying their views should be forwarded to the various authorities. Both the coroner (Dr. Waldo) and Dr. Montgomery (of Guy's Hospital) had expressed the opinion that if the electric ambulance system were in force generally throughout London it would result in the alleviation of much pain, and no doubt the saving, in many instances, of life.

The late Mr. John Jones, of Grove Lodge, Wrexham, has by his will left £50,000 to the Wrexham Infirmary, of which institution he was a vice-president. He has also given for the use of the Infirmary Roseneath House and grounds, Wrexham, and Claremont Hydro, Rhyl.

The Secretary for the Colonies has appointed a Commission to study the nature of fevers—especially yellow fever—occurring among Europeans and natives in West Africa.

THE NURSING AND MIDWIFERY EXHIBITION AND CONFERENCE.

THE EXHIBITION.

One of the most conspicuous and attractive stands in the Nursing Exhibition at the Royal Horticultural Hall, Vincent Square, is that of MESSRS. A. WULFING & CO., of 12, Chancery Street, W.C., on which is to be found Albulactin. Albulactin is a most valuable agent in the hands of those concerned in the hand-feeding of babies, because it contains concentrated, soluble, milk-albumin, of which a small quantity added to diluted and sweetened cow's milk makes a mixture practically identical with mother's milk which was successfully used in the case of the Howard de Walden twins. The same firm supply Sanatogen, much esteemed as an excellent nerve food; and Formamint, prescribed with much benefit in many forms of throat trouble.

Nestlé's Swiss Milk, Ideal Milk, and other specialities of the NESTLÉ AND ANGLO-SWISS CONDENSED MILK CO., 6 & 8, Eastcheap, E.C., are on view at the stand of this firm. They are widely-known and appreciated.

Some delightful red rubber hot-water bottles are to be seen at the stand of the SURGICAL MANUFACTURING CO., of 85, Mortimer Street, W.; as well as other red rubber goods, of which the firm makes a speciality. One of their latest appliances—indeed, it has only just been brought out—is the "Gem" hot-water bottle, in copper, most portable and satisfactory.

MESSRS. LEWIS & BURROWS, of 140, Holborn Bars, E.C., have an exceptionally well-arranged stand; and are making a special display of their popular clinical thermometers, and their "Ellanbee" brand Medicinal Products.

As is to be expected, the stand of MESSRS. GARROLD, of 150 to 102, Edgware Road, W., is most complete and attractive. There is on view a model coat and skirt, "The Albany" made by them to measure at 2½ guineas, in grey tweed with black velvet collar. A most useful box, which has only to be seen for its merits to be appreciated, is the "Compactum" costing only 1s., which will take an apron, cap, collars and cuffs, or bonnet. It would be invaluable to a nurse summoned urgently to a case.

The exhibit of MR. E. J. WALKER, of 48, Sloane Street, S.W., should claim attention, as demonstrating a most public-spirited attempt to introduce a unique system in the distribution of milk. Visitors to the Exhibition should see this stand, and also secure a copy of the pamphlet, "From Cow to Consumer in Three Hours."

The popularity of Bovril and Invalid Bovril, supplied by BOVRIL, LTD., 152-100, Old Street, E.C., and the high esteem in which they are held by the medical profession, is to be found in the fact that they are used in nearly 2,000 hospitals, infirmaries, lunatic asylums, and other institutions in the United Kingdom. Visitors to the Exhibition should inspect the stand of this firm.

At the stand of MESSRS. SOUTHALL BROS. & BARCLAY, LTD., of Lower Priory, Birmingham, a most comprehensive display has been arranged. Here is to be found, conveniently displayed, everything that is wanted during a confinement, in compact and convenient form. Southall's Protective Aprons are now to be had in waterproof silk, of feather weight, costing 2s. 11d.; and a night-tidy costs 2s. 6d. A very complete list of Southall's Accouchement Requisites is given away; and a most useful "Nurses' Companion and Laundry Book," which would be a boon to any nurse or midwife.

MESSRS. CADBURY BROS. & BARCLAY, LTD. are supplying their various preparations of world-wide fame, and offering at a price of 1d. a cup of delicious cocoa made in the Hall, so that any visitor to the Exhibition can convince herself of the high quality and flavour of this beverage.

Allman's Anatomical Models, supplied by ALLMAN & SONS, LTD., of 67, New Oxford Street, W.C., arranged in movable manikin form, are obtainable here, and certainly cannot fail to be of great use to those who secure them.

There are few visitors to an exhibition where Horlick's Malted Milk is obtainable who do not stop to have a glass of this nutritious and invigorating fluid, mixed to perfection with an electric mixer. THE HORLICK'S MALTED MILK CO., of Slough, Bucks, also supply a Hygienic Feeder on the latest and most scientific principles, in which rubber valves, washers, &c., are dispensed with.

The stand of MESSRS. ALLEN & HANBURYS attracts nurses around it like bees round a honey-pot, in part the result of the many interesting appliances on view in part of the attractive samples of soap, &c., which are being given away by the hundred. The excellence of the Milk Food, Malted Food, Rusks, &c., and, indeed, of all the goods supplied by this firm, is too well known to need emphasis.

The choice of a really efficient disinfectant is a most important matter, and those whose choice falls on Izal may rest assured that it maintains its high germicidal action under the test of practical working conditions. MESSRS. NEWTON, CHAMBERS & CO., Thorncliffe, near Sheffield, have an excellent and prominent display of the many varieties of this valuable commodity. Izal has the great advantage of having no chemical affinities, and so its efficiency is not impaired when it is mixed with hard water. Those who wish to be convinced of this should pay a visit to the stand.

Wincarnis has now been before the public for thirty years, and MESSRS. COLEMAN & CO., LTD., of Norwich, are indebted to the fact that this wine tonic is constantly prescribed by medical men for its constantly increasing sale.

On the stand of THE NURSING PRESS, LTD., are to be found THE BRITISH JOURNAL OF NURSING and a number of attractive pamphlets and publications of professional interest. No visitor to the Exhibition should omit to pay a visit to this stand, where they can obtain the *Isla Stewart*

Oration, Dr. Hecker's pamphlet on "The Overstrain of Nurses," and much of interest besides.

MESSRS. KEEN, ROBINSON & CO., LTD., incorporated with J. J. Colman, Ltd., London and Norwich, are showing the various specialities for which they have long been celebrated, viz., Robinson's Patent Barley, which makes as much barley water as eight times its weight in pearl barley; Keen's Mustard, and Colman's Mustard, Medical Mustard Bran, Concentrated Mustard Oil, and Sinapisms.

Iron Jelloids are now well known as a neutral, palatable, non-constipating form of Iron Tonic, and those who visit the stand of THE JELLOID CO., of Finsbury Pavement, E.C., during the present Exhibition may have demonstrated to them the softness of these Jelloids (which can readily be cut through by a pair of scissors) and consequently their solubility.

Lemco and Oxo, supplied by LILBIG'S EXTRACT OF MEAT CO., LTD., Thames House, Queen Street Place, E.C., are highly appreciated by those who have practically tested them. A very convenient form of the latter is Oxo in cubes, which need only to be dissolved in boiling water to produce a cup of delicious and nutritious bouillon. Boxes containing 12 or more cubes are obtainable in the Exhibition.

It is always a pleasure to visit a stand of MESSRS. BURROUGHS WELLCOME & CO., Snow Hill Buildings, E.C., for the excellence of their preparations, and the daintiness with which they are presented. They are just now giving a special demonstration of the preparation of a Humanized Milk for Infants by a very simple, new and scientific method. It is prepared by diluting cow's milk and adding "Kepler" Malt Extract and Cream in suitable proportions. For this purpose definite formulæ have been carefully worked out to correspond with the physiological changes in human milk during the months succeeding child-birth; and these formulæ are printed in a perforated booklet, and can be torn out and consulted for reference. The "Tabloid" First Aid Equipments are also specially noteworthy, containing, as they do, the requisite dressings for emergencies in a complete and handy form.

One is always sure to find some novelty on the stand of the MEDICAL SUPPLY ASSOCIATION, Gray's Inn Road, W.C., and this year a Sterilizer, in oxydised copper, at 12s. 6d., is specially noticeable. When not in use the lamp can be packed inside, and the feet turned under. An inexpensive Spray for deodorizing a sick room is also interesting, a glass brush, in case, for applying iodine, the Grevillite elastic woven bandage, a glass ear shield for use in irrigation, convenient sponge bags in batiste or waterproof are all well worth inspecting, and every one visiting the Exhibition should make a point of seeing this stand.

At the stand of MESSRS. CHARLES ZIMMERMANN & CO., 9, St. Mary-at-Hill, E.C., their well-known disinfectant, Lysol, is on view. Lysol has proved to have such excellent properties for cleansing the

hair, as well as for stimulating its growth, that an antiseptic hair tonic named Lysoline, has now been brought out. Another novelty is Pasta Liermann, an aseptic bolus wound paste.

THE CONFERENCE.

Miss E. A. Sordy, Matron of the West Ham General Hospital, presided at the first session of the Conference, when the first paper was on "The Tuberculin Treatment of Consumption," by Dr. Halliday Sutherland. Dr. Sutherland described the varieties of re-action and their results; and mentioned that there are many varieties also of tuberculin, and every one using it has been able to report some extraordinary results; but there have also been many disappointments. In the preparation of a patient for an injection, the lecturer deprecated excitement. The skin should be sterilised by swabbing with absolute ether; the syringe should be boiled or washed out with ether, but scrubbing with soap was unnecessary.

Dr. D. S. Harvey, of the Whitechapel Dispensary for the Prevention of Consumption, followed with a paper on "The Nurse in the Tuberculosis Dispensary." This was, he said, a comparatively new branch; but the treatment of tuberculosis had now become a social problem, and the aim of those dealing with it was to obtain complete control over it, and ultimately to abolish it. The plan recommended to attain this end was what was known as the Edinburgh Scheme, which was a comprehensive one, attacking it from various standpoints. The lecturer stated that the compulsory notification of tuberculosis had proved it to be prevalent to an appalling extent. The Edinburgh Scheme was based on the dispensary which carries the work to the root of the trouble—the home—and the dispensary co-operated with the public health department. Convalescents, after sanatorium treatment and farm colony work, came again under the care of the dispensary; advanced cases were referred to hospitals; children were recommended to open-air schools; all revolved around the dispensary as a central axis. The success of the scheme depended greatly upon the accuracy with which the nurse performed her share of the work, including taking the previous family, and present history. As essential qualifications for the nurse, the lecturer insisted on a good general training, and an experience in the homes of the poor, and under supervision in a dispensary.

Dr. W. D'Este Emery dealt with Vaccine Treatment and the scientific basis on which it rests, and emphasised the difference between vaccines and serums.

Dr. Edwin Ash then spoke on the Strength, Efficiency and Personality of the Nurse.

THE EVENING SESSION.

The Evening Session, at which Miss I. Bennett, Matron of the Metropolitan Hospital, presided, was devoted to papers on Institution Catering, by Miss E. M. Musson, Matron of the General

Hospital, Birmingham, who expressed the opinion that in the best-fed hospitals the food is not inferior to that in many middle-class houses, but the great amount of energy expended by a nurse demanded an adequate supply of food, and the nature of her duties demanded that it should be daintily and attractively served. Once we have uprooted the old-fashioned idea that rough food is part of the necessary self-abnegation of a nurse's life, and learned to recognise that meal times should be times of recreation and enjoyment, Miss Musson believes that great improvement will be seen.

Miss Buckingham, Matron of the Queen's Hospital, Birmingham, followed with a paper on original lines on "The Nurse Off Duty," and the last half-hour was devoted to "A Proposal for the Registration of Hospital Certificates," by Miss M. Barwell, Matron of the General Hospital, Yarmouth. Miss Barwell deprecates the increasing adoption of nurses' uniform by untrained women, such as nursery maids, doctors' and dentists' parlourmaids, advertisement touts, and women who sell medical and nursing requisites, who are dressed as nurses for the sake of local colour, just as the toyshop managers array their shopmen at Christmas time as Teddy Bears, Clowns, and Father Christmases, to be "in the picture," so to speak; and lastly by professional thieves and "unfortunates." She said that the suggestions to deal with the abuse of the sham hospital nurse resolved themselves into two forms, the protection of the uniform and the registration of the nurse. The former she considered impossible, the latter outside the scope of her paper, and proceeded to advocate the compulsory registration of hospital certificates, general and special, and that some such system could be adopted as is in use for the identification of motor cars.

The proposition is, of course, no new one, being the alternative suggested by the Central Hospital Council for London to the Registration of Nurses after this had been unanimously recommended by a Select Committee of the House of Commons. It was embodied in the Official Directory of Nurses Bill introduced into the House of Lords in 1908, and uncompromisingly rejected by the House. It is, in short, the red herring drawn across the registration track by those who are opposed to the establishment of a Central Governing Body for the Nursing Profession.

At the conclusion of Miss Barwell's paper Miss Musson gave a brief résumé of the registration question, replacing at the shortest notice Miss Amy Hughes, who was to have spoken, but who was prevented from being present.

Miss Bennett in closing the Meeting said that at present there were not enough nurses to go round, and she was afraid if registration were in force, the number would be limited still more. She thought all should work together to mother the sick.

OUTSIDE THE GATES.

WOMEN.

Her Majesty the Queen has graciously signified her interest in Bedford College for Women (University of London) by consenting to open, on July 4th, the new college buildings now being erected in Regent's Park.

Queen Alexandra's reply to the London County Council, which recently presented an address of congratulation on the occasion of the fiftieth anniversary of her entry into London, ends:—"For every good work for the benefit of the poor, the sick, and the suffering you have my sympathy and my good wishes, while my constant prayer will always be for the country that has shown me such kindness and affection."

The Princess Lichnowsky, the wife of the newly-appointed German Ambassador, has joined the Lyceum Club. As she is a very charming and clever woman, she will be a great acquisition to its membership. There are now Lyceum Clubs in Berlin, Paris, and Florence, and the more international their spirit the better.

To the memorial of congratulation to Lady Hardinge on the escape of the Viceroy of India at Delhi on December 23rd, organised by Lady Sydenham, more than 3,000,000 women subscribed. It consisted of an illuminated address and other gifts. In a letter of acknowledgment Lady Hardinge expressed her heartfelt appreciation of the kindly act. She hoped that her stay in India would bring her more and more into contact with Indian women of all classes, who had continuously expressed the kindest sentiments towards her, and whose many good qualities she had learned to admire, amongst these none being greater than their patience and courage in adversity.

We have noted recently that at county district nursing meetings reverend Deans and medical officers are reported to have made very silly attacks on women who value their citizenship and self-respect. Dr. Humphreys, a county medical officer at Newtown, instead of blaming women for the crass ignorance concerning the upbringing of children, and their improper feeding should realise that men have kept them ignorant in every condition of life. Dr. Humphreys wished to goodness they could convert suffragettes into district nurses—that would be a safety-valve for them! It might have even more beneficent results. These intelligent women would soon have something to say to the medical officer in question on other improper matters as well as improper feeding of infants. No doubt they would point out that the majority of poor child-bearing women are usually improperly fed, both as to quality and quantity; that on fifteen shillings a week all told the district nurse's food is seldom super-abundant. The more militant the spirit amongst our social

workers the better. It is only by protest that abuses can be swept away. In the meantime cheap jokes by either the clerical or medical professions at nursing meetings, so far as women are concerned, should be the sign for self-respecting women to rise and leave the hall.

California, as well as Washington and Oregon, is doing wonders in advanced legislation since women got the vote. Amongst other Bills, the Senate has passed without opposition the Bill raising the age of protection for girls from sixteen to eighteen. Mrs. Alice L. Park, of Palo Alto, writes: "A few of us remember trying this same Bill on one Legislature after another, and always losing. What a difference a ballot makes! One vote is worth a ton of voteless influence." Dr. Charlotte J. Baker, of San Diego, writes from Sacramento: "I have been here two weeks lobbying for a number of Bills. It is fine to be a real true citizen, and to feel your voice in affairs really has weight with the 'Solons.'"

BOOK OF THE WEEK.

A RUNAWAY RING.*

The unusual is no doubt to some temperaments in itself attractive, and there is much in this book that can be put under this heading.

Mrs. Dudeney has the art, and a very great art it is, of creating atmosphere, of investing ordinary homely incident with this unusualness.

This is most strikingly emphasised in the opening chapters, when Frusannah and her niece arrive on a walking tour, in December, at a Sussex village.

It is, of course, not a commonplace that aunts and nieces should choose December for this pastime, nor is Frusannah a name that one is familiar with.

Fanny, we are told, was "a nice girl," also very pretty and captivating.

"It is the prettiest village we have seen by far," said the elder woman, as they scurried along in the cold wind, "I do feel this village is destined to be ours."

"You've felt that about so many villages," Fanny shrugged; then turned to smile at the shorter figure by her side; "and I must say that December is a trying month for a walking tour."

"My dear, the devil drove us to it."

"I suppose he did, if Poverty is the devil."

It turned out that this village was their destiny, and the "Decoy Duck" gave them shelter, till they found their charming little cottage, "Top Tree."

Fanny's youth and Frusannah's irresponsibility combined land them into an awkward situation at the outset, when they join the rustic dance held at the "Decoy Duck." If Frusannah had been a different type of woman, and had not insisted on joining in the country dance with a half-drunken

farmer, it might have been just an amusing experience.

But Ninian Baignent, also a stranger at the inn, and who afterwards marries Fanny, makes himself very unpleasant about this incident in their wedded privacy. Now the Baignent family are really very cleverly drawn, and are of the type of which one feels there are many such. So terribly united and satisfied with each other are they, that one sincerely pities poor Fanny, when she becomes one of them. Old Mrs. Baignent, so pretty and cattish, who presented all her children on their marriage with the "Wedlock Treasure," and whose idea it was that a "little family" was the sole aim and object of every woman's existence; Kathleen, who had done her duty with a little family of four; Ethel, who had no little family, and was, therefore, considered rather inferior and not a true Baignent, must indeed, combined, have been more than enough to smother a pretty original creature like Fanny. Of Ninian, her husband, we can hardly speak with patience, so contemptible a creature is he. Poor Frusannah's history is learned from her own lips, when this estimable young man takes her out to luncheon and having long since discovered her failing, gives her so much good wine, that he learns the secret of Fanny's birth, which is, in short, that she is Frusannah's daughter.

When he reproaches his wife for this accident, of which she was not aware, and for which she was certainly not responsible, in most unpardonable terms, she leaves him to return to "Top Tree." But though they are eventually reconciled, the memory of the something he had called her at Highbury remained.

Fanny's face was proud and sad. Why sad? Had she not got everything, even a little family?

H. H.

COMING EVENTS.

April 26th.—Belgrave Hospital for Children. Princess Royal will re-open the Babies' Ward.

April 26th.—The Cleveland Street Branch of the Central London Sick Asylum Nurses' League. "At-home." 4 p.m.

April 28th.—The Central Committee for the State Registration of Nurses: The Prime Minister will receive a Deputation, the House of Commons, 4 p.m. The Deputation will be entertained to Tea by the Right Hon. R. C. Munro-Ferguson, M.P., who is in charge of the Nurses' Registration Bill.

April 30th.—Irish Nurses' Association: Lecture on "Gynæcological Nursing," by Dr. Gibson, 34, St. Stephen's Green, Dublin. 7.30 p.m. Unavoidably postponed from April 23rd.

April 30th and May 1st.—Nurses' Missionary League. Missionary Exhibition, Holborn Hall. 9.30 a.m. to 9.30 p.m.

A WORD FOR THE WEEK,

Beauty is truth—truth beauty—that is all
You know on earth, and all ye need know.

Keats.

*By Mrs. Henry Dudeney. (William Heinemann, London.)

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

GREETINGS FROM MISS L. L. DOCK TO "THE BRITISH JOURNAL OF NURSING."
To the Editor of THE BRITISH JOURNAL OF NURSING.

TO THE EDITOR.—Twenty-five separate praises, blessings, cheers, and good wishes for THE BRITISH JOURNAL OF NURSING the first militant paper, the first permanent professional journal of nursing, the fearless, the intrepid, the undaunted beleaguerer of the citadel of reactionaries who stand for the subjection of nurses as a part of the general subjection of women! May success soon crown your life of unstinted giving to the cause of humanity and civilisation! May you soon see the enfranchisement of women, bringing with it a new dignity and larger scope for all, and including in its reach the professional honour and rightful legal status of the Trained Nurse—one of England's most precious assets, of which an obtuse Government does not know the value. Stupid clay cannot long hold back the glorious forces of England's womanhood.

L. L. Dock.

New York.

This letter, immensely valued by the Editor, arrived just too late for insertion in the Silver Jubilee Number last week. — ED

GREETINGS FROM LA GARDE-MALADE HOSPITALIÈRE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, *La Garde-Malade Hospitalière* wishes her elder sister, THE BRITISH JOURNAL OF NURSING, many happy returns of the day and congratulates her on attaining her Silver Jubilee.

What was English nursing like twenty-five years ago? I feel sure that it was better than the average French nursing to-day.

Eighteen years ago I was a new probationer at the London Hospital. I was surprised to find everything so nice and I am sure that the new generation would not be satisfied with what we had. A day off beginning at 10 a.m. once a month and no resentment felt if we were put on night duty just before it was due. I don't mean by that that we were angelic and never criticized anything. For my part, the first day I was in the hospital, I was shocked at the nurses taking tea in the ward. I little dreamed that years later I should consider myself perfectly happy if the only thing that a new probationer found fault with was tea in the ward. I wonder how many English nurses would continue to work if obliged to live in the same surroundings as their French sisters?

I wonder how many realize that they have such comfortable accommodation, thanks to hundreds of people who by their influence, pen or nursing experience, have fought for the rights of the suffering poor and ignorant probationer? How many realise that it is their duty to put their shoulder to the wheel for the good of the younger generation? It is thus they can express their thanks to those who have worked so hard to prepare the way and won so many victories up till now.

It is to be hoped that when THE BRITISH JOURNAL OF NURSING celebrates its Golden Jubilee French hospitals will have at least improved their management to the standard now reached in England.

CATHERINE ELSTON,
(Collaborateur).

Algiers.

SAN FRANCISCO, 1915.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—How are we poor English nurses to get to San Francisco? It is impossible, if it will cost from £50 to £100. I do hope when the National Council Committee begins to consider ways and means, some cheap trip will be, if possible, arranged. Nearer the time the cheapest rates will be issued and then there may be some hope for us.

Yours truly,
ONE WHO LONGS TO GO.

Our correspondent may depend that every effort will be made to reduce the expenses, through the co-operation of members of the International Council, but, from statistics of cost available at present, for a comfortable pleasure trip to San Francisco and back, from London, remaining two weeks in the city—the *least* cost will be £50. A tramp steamer and a colonists' car may sound amusing, but they are not so in reality. We know of some nurses who intend to go to Canada next year, and hope by private nursing to earn sufficient to go to San Francisco in comfort. This sounds quite a good idea. — ED

NURSES PLEASE SPEAK OUT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, There is at present before Standing Committee B of this House, a measure entitled "A Bill to Amend the Law with respect to Bankruptcy and Deeds of Arrangement."

As the law now exists under the Preferential Payment in Bankruptcy Act of 1888, there shall be paid in priority to all other debts, certain rents, rates, salaries or wages of clerks, servants, workmen, &c. To these classes entitled to priority I sought to add without success the fees due to professional nurses. In unassisted cases where, after prolonged attendance on a patient, they were obliged to accept a compensation of 2s. in the £, the same as an ordinary trade debtor. I am

confident that it only requires public attention to be drawn to the gross injustice possible to a noble profession under the existing law, to have it altered.

If those interested or sympathetic will only speak out between now and the report stage of the Bill, I have no doubt the necessary amendment of the law would appeal to the sense of justice of all parties in the House.

In my opinion, the Medical profession have also a strong claim for an Amendment in the existing law under which, as it is at present, their fees only rank as ordinary creditors. I think that for some considerable time before a receiving order is granted, their fees should rank with those entitled to priority of treatment.

Faithfully yours,

PATRICK WHITE.

House of Commons, S.W.

THE PRICE OF PROFESSIONAL PROBITY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am sending to you a letter, received by me last evening.

It seems to me disgraceful that nurses and nursing can be so degraded by a firm who are able to issue such a letter, &c. They must have obtained my name and address from the C.M.B. list, for I do not practise either midwifery or maternity nursing.

May I ask you to give this enclosure the utmost publicity?

If only we had "State Registration" it's a matter with which the "Nursing Council" would have dealt.

I remain,

Yours sincerely,

AGNES E. RIDER.

14, Hertford Street,
Mayfair, W.

[We are not surprised that Miss Rider, who is a highly qualified Private Nurse, should be indignant concerning the action of the firm in question, who offer a commission to nurses in the following manner. In a communication from them is enclosed:—

1.—An entrance ticket to the Sixth Annual Nursing Conference and Exhibition.

2.—A sheet "puffing" the Toilet requisite for Babies provided by their company.

3.—A printed form on which the nurse who is prepared to take commission is to inscribe the names and addresses of her patients.

No. 2, after the usual "puff" of the requisite in question, states:—

"Our ambition is to let every mother know the value of ———— for *her* baby, and if you would let us have names and addresses of mothers recently attended by you, or expectant mothers that you have arranged to attend, we will send a sample with your compliments to each, and as a slight acknowledgment of your co-operation we will remit you on receipt of lists at the rate of 1s. for every dozen names. Special forms can be had

on application, although it is not essential that these should be used. Any list will do so long as it bears your name and address to which remittance is to be sent."

We have no hesitation in expressing the opinion that this circular is highly indecorous—and the estimation in which trained nurses are held by this firm can be gauged by the fact that it considers a Penny a Name and Address a sufficient bribe to offer in exchange for their professional probity! We advise Miss Rider and other trained nurses who receive and object to this insulting communication, to refer the matter to the Managers of the Nursing and Midwifery Conference and Exhibition. We cannot believe that the Matrons whose names have been so widely advertised as the Executive Committee can approve of this method of securing business.—[Ed.]

OUR PRIZE COMPETITIONS.

May 3rd.—Give routine nursing precautions to prevent post-operative pneumonia.

May 10th.—What complication is most to be feared in diphtheria? How would you guard against it?

NOTICES.

WHERE TO GET THE B.J.N.

If unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. If you ask for this Journal, do not be put off with a substitute. Copies can always be procured at the offices, 431, Oxford Street, London, W., and through Messrs. W. H. Smith & Son. In Scotland from Menzies & Co., Glasgow; and in Ireland from Fanning & Co., Dublin.

NEW SUBSCRIBERS.

The Editor hopes that every reader, who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers—so that its constructive work for the profession may receive ever increasing support.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

STATE REGISTRATION OF TRAINED NURSES.

Full information as to the movement for the State Registration of Trained Nurses, and application forms for joining the Society can be obtained from the Hon. Secretary of the Society for the State Registration of Trained Nurses, 431, Oxford Street, London, W.

The Midwife.

DANGEROUS TO MOTHER AND CHILD.

BY MISS DORA E. CHAPMAN.

The paper which won the prize in our competition last week was unavoidably held over for want of space. We print below the question and Miss Chapman's paper.

"WHAT ARE THE DANGERS (a) TO THE MOTHER, (b) TO THE CHILD, IN A CASE WHERE THERE IS A PURULENT VAGINAL DISCHARGE AT THE COMMENCEMENT OF LABOUR?"

(a) *Dangers to the Mother.*—The genital passages during labour resemble an open wound, and where an abnormal secretion is present in the vagina, the mother runs a grave risk of "auto-infection," or infection from organisms in her own body. During childbirth the septic matter is liable to travel further than the vagina and vulva, finding its way through small lacerations of the cervix and perineum into the blood stream, at a later stage infecting the raw surface at the placental site.

During a vaginal examination, the examining finger may push the organisms further up the canal, so that they lie in closer proximity to the uterus, unless great care is taken to cleanse the vulva and vagina at the commencement of labour. A vaginal douche washes away the surface discharge, thus diminishing the risk of infection, providing it is administered with caution, but care must be taken to regulate the flow, lest too great a degree of force send the organisms upwards.

The tissues lose a certain amount of vitality during labour, through pressure on the soft parts, and even a small amount of hæmorrhage predisposes to sepsis.

Lacerations of the vulva, vaginal walls, cervix, and the open surface of the placental site readily absorb the poisonous products of the organisms, and a mild form of infection introduced through any of these channels may lead to severe complications during the puerperium, seriously endangering the mother's life.

Puerperal sepsis appears in various forms. Sæpræmia, a condition of septic intoxication. This infection is produced, not only by the organisms themselves, but through poisonous toxins manufactured by them. If this condition is allowed to continue, it may lead to septi-

cæmia. This is caused by the entrance of virulent microbes into the blood current. It is one of the most serious forms of puerperal fever, and the inflammation may spread and produce general peritonitis.

Pyæmia is due to the entry of pus into the system, and abscesses appear on various parts of the body.

Phlegmasia alba dolens, or "white leg," results from blocking of the lymphatics and septic inflammation in the pelvis, and can produce pulmonary embolism, when a fragment of blood-clot is displaced and carried along the blood stream, frequently reaching the heart, where it causes suffocation.

These varied forms of infection are not produced from distinct sources, but may each and all derive their existence from the original organisms present in the vaginal canal at the commencement of labour.

(b) *Danger to the Child.*—Ophthalmia neonatorum, or inflammation of the eyes in newborn infants, is due to the entrance of septic matter into the eyes at birth. It is one of the most common causes of blindness, and the greatest misfortune which can happen to the child. There is often severe corneal ulceration, resulting in perforation and total blindness of the infected eye.

One eye may escape infection, and care must be taken not to swab it with any material which has been in contact with the infected eye; also the infant should be laid on the infected side, so that any discharge may drain away from it, leaving the sound eye free from the discharge.

The vaginal discharge collects on the eyelids and lashes during birth, and is carried into the eyes as soon as they are open. Prevention is better than cure, therefore the rules for cleansing the child's eyes immediately after the birth of the head should be carefully carried out.

If possible, before the eyes are open the lids should be cleansed with boracic lotion, using separate swabs for each eye. Sometimes the child rubs its eyes with its hands; therefore the hands should be cleansed at the same time.

When the child is washed, care must be taken to cleanse the head and face first in clean water, because the vaginal discharges infect the bath-water, and if the face is washed in this infected water, the infected matter can easily get into the eyes.

Where there is vaginal discharge present at the time of birth, 1 per cent. solution of silver nitrate, or 20 per cent. argyrol, should be dropped into the eyes as soon as possible. They should be bathed again with boracic lotion after instilling the drops.

Careful and prompt attention to these details at birth may save the child from much suffering and impairment or total loss of sight.

Miss E. Douglas writes:—

Ophthalmos—Greek, eye; neos = Greek, new; natus—Latin, born. Ophthalmia neonatorum is the name given to infectious inflammation of a baby's eyes after birth.

Some unfortunate people are said to be born blind, but it is just a consequence of this form of ophthalmia which has been neglected or not properly looked after.

The infant contracts the infection during the passage of the head through the vagina, and even if every precaution has been taken, the vagina douched and the discharge washed away, if the child's hands are not washed it may, while waiting to be bathed, rub its fists into its own eyes and so infect them.

Usually the first sign of ophthalmia comes on about the second or third day; the eyelids get inflamed and swollen, and purulent discharge is secreted. A doctor should be called in at once.

Miss Gladys Tatham points out that a purulent discharge from the vagina is almost invariably caused by a micro-organism called the gonococcus. The disease so caused is known as gonorrhœa.

The presence of gonorrhœa is a serious complication to labour. The gonococci may penetrate into the newly abraded surfaces of the uterus and vagina, and cause septic symptoms. These may vary from an offensive lochial discharge to severe (gonorrhœal) septicæmia.

The midwife attending a case complicated by gonorrhœa must be scrupulously careful to be as aseptic as she possibly can. Unless counter-ordered by the doctor, a douche of eyllin (1 drachm to 2 pints of boiled water) should be given morning and evening; the vulva, &c., should be frequently sponged with biniodide of mercury (1—2,000); the bowels kept regular; and the general health as good as possible, for by increasing the patient's resistance to sepsis one can somewhat minimise the danger present from the vaginal discharge.

The baby should not be allowed to sleep in the same sheets as the mother, nor should anything belonging to the latter, such as towels, handkerchiefs, &c., be used for the child.

THE CENTRAL MIDWIVES BOARD.

A meeting of the Central Midwives Board was held at the Board, Caxton House, Westminster, on Thursday, April 17th. The first business was the election of a chairman, and on the proposition of Mr. Parker Young, seconded by Miss Paget, the two members now on the Board who have been associated with Sir Francis Champneys in its work since its formation, he was unanimously re-elected, and Mr. Parker Young paid a high tribute to his services as its chairman in the past.

The present Finance Committee were then re-elected with the addition of Professor Briggs and of Sir Shirley Murphy.

The Penal Cases Committee was reappointed and Sir Shirley Murphy appointed in the place of Dr. Herman, resigned.

REPORT OF STANDING COMMITTEE.

On the report of the Standing Committee a letter was considered from the Town Clerk of Birmingham with regard to the effect of the National Insurance Act on the work and future training of midwives. It was agreed (a) That the Town Clerk of Birmingham be informed that the question does not come within the scope of the duties of the Board, (b) That the correspondence be forwarded to the Privy Council.

A letter was considered from the Clerk of the Flintshire County Council suggesting that the Board should adopt "a simpler form of case book . . . for the use of Nurses."

It was agreed that the Clerk of the Flintshire County Council be informed that the Board sympathises with the difficulty of the Flintshire County Council, but the register has been carefully thought out and it is hoped that the education of the midwives may so greatly improve as to render any alteration of it unnecessary.

APPLICATIONS FOR REMOVAL OF NAME FROM THE ROLL.

The applications of ten women for the removal of their names from the Roll were granted.

A letter was read from the Clerk of the Middlesex County Council enquiring as to the extent to which "approved" midwives should themselves attend with their pupils: (a) at the time of the confinement; (b) during the lying-in period.

It was agreed that the Clerk of the Middlesex County Council be informed that the Board holds each "approved" midwife directly responsible for the cases attended and for any neglect in supervising the training of pupils, but it does not specify the number of visits which must be paid, as this must vary greatly in different cases.

In connection with the List of Approved Midwives, one name was removed and thirteen added.

APPLICATIONS.

The application of Dr. Samuel Lewis Graham for recognition as a teacher was granted, and that of

Dr. Robert Charles Robertson and of Dr. Samuel Wilson for approval under Rule C.I. (2) granted *pro hac vice*.

The applications of the following midwives for approval under the same rule were granted:—Miss A. D. Garden, Maternity Home, Leicester (for 6 months); Miss J. S. Griffiths; Miss B. M. E. Hesketh, Sister of Maternity Ward, St. Bartholomew's Hospital; Miss M. H. Jones; Miss E. E. Malling, and Miss E. Taggart.

MIDWIFERY CONFERENCE.

Miss Rosalind Paget presided at the Midwifery Section of the Conference now in progress at the L.L.C. Technical Institute next to the Horticultural Hall, Vincent Square, S.W., on Tuesday afternoon. The first paper, and the one which aroused discussion, was that by Miss Alice Gregory on "Midwives and the Maternity Benefit." Miss Gregory said that revolutions take place in our midst without our finding them out, and such a revolution was taking place at the present time. Some people felt that the knell of midwifery as a profession for midwives had been rung, and others that we stand on the verge of a new era for the practising midwife. What would happen in the future depended on the proper realization of the fact that we had come to a parting of the ways, and that in the future things might be far better for both midwives and patients.

In the past mothers had suffered great discomfort, and infants had died by the thousand, they had lost their eyesight and been martyrs to indigestion. There had been a fixed belief among midwives that babies must satisfy themselves at the breast or must be fed on milk and barley-water in the proportion of 1 to 3, and the result had been disastrous. Midwives very badly needed a longer training, but how was it to be secured? How could pupil midwives be induced to pay larger training fees when they were going to earn starvation wages? How could training schools charge lower fees when they were so badly supported that they lived largely on the fees received from pupils? The possibility of an increasing starvation wage was always before the midwife. To obtain a living wage midwives crammed in more cases than they could properly attend, with the result that, for the successful midwife, life was a perpetual grind all day and most of the night. As for reading to keep up to date, recreation, or church-going, they were out of the question.

All that could now be altered by the simple machinery of the National Insurance Act, under which Maternity Benefit was insured, which provided money for the poor mother enabling her to obtain the skilled assistance so essential to her. It was sometimes objected that the Maternity Benefit was not intended to be paid over to the midwife; Miss Gregory contended that the primary need of the working mother was skilled assistance, which was even more important than more food for a sick stomach.

Miss Gregory considered that midwives attending insured persons should claim 15s. at least for their services per case. She thought they were held back by the bogey of competition and that they should have the courage to stand out. The training schools were great sinners, inasmuch as they charged lower fees than independent midwives could afford to work for. At the same time it was sometimes forgotten that the hospital patient gave herself for the instruction of pupils, as part payment. Miss Gregory hoped that, when an Amending Act to the Insurance Act was passed, provision would be made for the money to be paid directly, in cash to the mother. Misapplication of the grant was going on; but, if Tommie must have new boots out of it, at least let him know that his mother was giving them to him.

Miss Gregory touched on the propriety of paying the maternity benefit into the hands of the unmarried girl, to which she is averse. She objects to the State paying away money as the reward of immorality and considers that lying-in homes of the lowest of the low type will spring up, employ midwives at the cheapest possible rate, and manipulate the money. It was asked how did it matter to anyone else, except herself, how the mother behaved? Did it not matter to the poor little bastard? Miss Gregory said that when attending a married mother with a healthy baby she was never asked: "Do you think the baby will live?" With an unmarried mother she was always asked this question, not once, but many times, and almost invariably the wish was father to the thought, and the baby died, after a few weeks of unwanted existence.

Other papers presented were concerned with "The Professional Outlook of the Midwife" and "Inspection."

Miss Mona Wilson, one of the Insurance Commissioners, who was present, replied to a number of questions in regard to the Insurance Act. Miss Tait McKay elicited that in the case of a deposit contributor the liability of the Insurance Committee for the doctor's fee was restricted to the amount paid in by the contributor, and in reply to a question as to whether midwives were entitled to sign certificates for sickness benefit Miss Wilson said that depended entirely on the rules of individual societies.

THE MIDWIVES' SECTION OF THE I.N.A.

The important announcement is made that a special section of the Irish Nurses' Association has been formed to deal with matters of interest to midwives, and those midwives wishing to join should write to Miss Ramsden, Rotunda Hospital, Miss Joy, Coombe Hospital, Miss Keating, National Maternity Hospital, and Miss Michie, 63, Dawson Street, Dublin. At present midwives in Ireland are unorganised, and there is no professional organisation dealing with their work or fees, which is no doubt the reason why the latter are so often fixed at a rate which reduces midwives to the ranks of sweated labour.

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EDITORIAL.

THE SHORTAGE OF NURSES.

One of the most serious facts brought before the Prime Minister by the Deputation from the Central Committee for the State Registration of Nurses on Monday last, was the shortage of nurses throughout the country; a fact emphasized by Miss Cox Davies, who mentioned that at a recent meeting of the Metropolitan Asylums Board, in reply to a question as to why cases of measles and whooping cough were not being received from certain districts in London, the Chairman of the Hospitals Committee (Canon Sprankling), said there was no help for it, and further, that it might be necessary in the future to exclude patients from other districts. There was a general deficiency of nurses throughout the country.

It is one of the most cruel phases of the opposition to the organization of the nursing profession that the poor, as is always the case, are the first to suffer, and employers of nurses who desire to keep them unorganized are assuming a very heavy responsibility in obstructing legislation.

When we consider the infectious nature of measles, and the fact that in epidemics the child population affected is decimated by the disease, we realize that the segregation of cases in infectious hospitals is of the utmost importance to the community.

Again, in the smaller poor law infirmaries and workhouse wards throughout the country, the shortage of nurses is a most urgent problem, and one which calls for immediate action. Then in the homes of the poor much of the nursing, instead of being performed by skilled nurses, is undertaken by women who have never had any general hospital training, and who are certified midwives with a short and quite insufficient experience in district nursing.

And this is undoubtedly having its effect upon the class of probationers entering the general hospitals for training, and drying up the most desirable source of supply. Twenty years ago there was a steady stream of applications for admission to our general hospitals from the daughters of the clergy and professional men, farmers, and upper class tradespeople. But when, throughout the rural districts, parents have practical demonstration of the uneducated, badly paid woman who is practising nursing, is it likely that those who aspire to place their daughters well will entertain the idea of their adopting a vocation whose members are daily in evidence before them as some of the most illiterate, and worst paid persons in the community?

It is impossible to prophesy that the granting of legal status to nurses would result in a large influx of well-educated women into our training schools; but it is certain that the lack of it is keeping them out, and we have clear demonstration of the value placed by trained nurses upon a legal qualification in the way in which many hundreds yearly spend time and money (from £20 to £40) in obtaining the certificate of the Central Midwives Board. Midwifery has still to prove that it can offer a living wage to educated women, before they adopt it in large numbers as their life's work, and many, perhaps, the majority of those who "take their C. M. B." do so, not because the Act prohibits their practising as midwives otherwise, for they have no intention of doing so, but because it affords an opportunity of which they have hastened to avail themselves, of giving the public a guarantee that in one branch at least their work and professional knowledge has been tested and approved. There is every reason to believe that they would show the same appreciation of a State qualification in Nursing, and there is urgent reason that this should be established.

OUR PRIZE COMPETITION.

GIVE ROUTINE NURSING PRECAUTIONS TO PREVENT POST-OPERATIVE PNEUMONIA.

We have pleasure in awarding the prize this week to Miss H. Scott, Eastern Hospital, Homerton, N.E.

PRIZE PAPER.

Before operation.—A nourishing diet, and careful attention to hygiene generally, with a view to building up the system as much as possible, to enable the patient to withstand the shock of the operation, should be given, as, if the general condition is lowered, it has less power of resistance to any risk of infection.

Careful preparation of the patient, usually including the giving of an aperient, followed by an enema, and keeping the stomach empty for the last few hours immediately preceding the operation, so that the risk of sickness is minimised. The patient must be warmly clad in either flannel or woollen clothing; for the extremities, warm stockings, or wool and a bandage would do.

At the operation.—There must be no unnecessary exposure of the chest; also, the nurse should see that the theatre is at the right temperature. If there is any vomiting, the head should be turned to the side, so that the vomited matter is not drawn into the lungs.

After operation.—The same care as to vomit being drawn into the lungs must be exercised, lest the septic material, causing some irritation, may set up a form of pneumonia known as the irritant or deglutition pneumonia. Also, good ventilation must be secured, so that there is no lack of oxygen, so necessary for the lungs, warming the bed with hot bottles, so that there is a good reaction soon after coming back from the theatre, but after the reaction watch that the patient does not get too hot, and so catch a chill that way.

Position of patient.—Fowler's position should be adopted if possible, as it is considered a great advantage in after treatment. If not, it should be semi-recumbent as soon as possible. The patient should be turned from side to side at intervals. If the patient must lie on his back, and not turn at all, even a pillow slipped under the back, between the shoulders and the waist, for a little while from time to time, helps to alter the position, throws the chest forward, and gives the lungs more freedom. Also, the patient should be directed to take several deep inhalations, two or three times a day, to exercise the lungs. If nasal feeding is given (as in a tongue case), great

care must be taken in passing the tube, watching closely for any signs of its entering the larynx, whereby septic infection may be conveyed to the lungs. In paralysis, as in a cerebral case, careful feeding is necessary for the same reason, that is, that food might go the wrong way, and so irritate or block up the lungs or bronchi. In all septic cases there is greater risk of pneumonia, through septic material being drawn into the lungs or entering into the blood stream.

It should also be remembered that ether is an anæsthetic which, amongst other things, is liable to produce irritation of the respiratory system. It is desirable that the patient should have a nourishing and full diet as soon as possible. The mouth must be kept clean, and be well cleansed after the anæsthetic, and unless contra-indicated, plenty of fluid should be given so that the system may get rid of the anæsthetic by way of the kidneys all the more quickly. The bowels must be carefully regulated, but without inducing exhaustion.

Care of the nervous system.—Sleeplessness often forms a most troublesome symptom, yet one that can often be remedied by simple means. In sleep there is less blood in the brain than when awake. And a patient, when restless and wakeful, will sometimes quickly go to sleep on giving him an extra pillow, raising the head, allowing less blood to go to it. On the other hand, the blood being poor in quality, if anæmic, or in quantity, after hæmorrhage, removing a pillow may give relief, thereby inducing sleep. Another form of sleeplessness is often relieved by warm drinks, if the patient is permitted to take them, or by adding or removing an extra blanket. If a sleeping draught has to be given, great care must be taken to watch the effect.

HONOURABLE MENTION.

The following competitors are awarded honourable mention:—Miss Emily Marshall, Miss D. Graves, Miss Blomfield, Miss Macintyre, Miss M. O'Brien.

Miss Emily Marshall writes:—Pneumonia is a somewhat infectious disease caused by germs. The disease runs its course, and cannot be cut short, and its treatment demands much skill and constant watchfulness, as the symptoms rapidly change. The changes which occur are:—(1) Circulatory, (2) cerebral, (3) respiratory, (4) abdominal.

Circulatory.—Watch the state of the pulse, for here one often gets the first indication of grave complications; for instance, irregular, quick, and small pulse, developing rather sud-

denly in old people. This indicates a weakness of the circulation due to cardiac exhaustion.

Cerebral.—Symptoms are of serious importance (a) delirium or delirium tremens, (b) sleeplessness, (c) twitching of the tendons, (d) persistent hiccough. If the patient sinks down in bed, and efforts at expectoration cease, this indicates that the respiratory centre in the medulla is becoming blunted, and is a sign of extreme danger.

Respiratory.—Symptoms are: dyspnoea, cyanosis, pulsation of veins in the neck may be the sign of impending heart failure (shallow breathing, &c.).

Abdominal.—Symptoms are: persistent vomiting, pain, tympanitis, peritonitis, diarrhoea, and jaundice. The elimination of toxins is procured through the skin, the bowels, and the kidneys. The skin must be kept clean and active, the bowels kept freely moved by means of laxatives, the kidneys helped by fluids.

QUESTION FOR NEXT WEEK.

What complication is next to be feared in diphtheria? How would you guard against it?

STATE REGISTRATION.

As no serious effort was made to deal with the important question of State Registration at the recent Nursing Conference in London, Mrs. Bedford Fenwick spent three hours each afternoon at the stand of THE BRITISH JOURNAL OF NURSING, and helped by Miss Macvitie, Miss H. Hawkins, Miss B. Kent, Miss M. Burr, and others, spoke with some hundreds of nurses on the question, and did a brisk distribution of the Nurses' Registration Bill, now before Parliament. The majority of nurses expressed themselves much in favour of legislation, and all listened to explanations with courtesy and interest. Two nurses from a hospital which shall be nameless, looked at the Bill as if it might bite, but ultimately carried it away under the safe seclusion of the cloak of the more courageous!

Dr. Helen C. Criswell, the chairman of the Californian Committee for the 1915 Congress at San Francisco, writes that they are hard at work in order to submit all possible information to the American Nurses' Association at their annual meeting at Atlantic City, N.J., in June, after which they will be able to send items of interest to THE BRITISH JOURNAL OF NURSING, and keep our readers in touch with prospective arrangements.

THE DEPUTATION TO THE PRIME MINISTER IN SUPPORT OF STATE REGISTRATION.

In his private room at the House of Commons, on Monday, April 28th, the Prime Minister, who was accompanied by the Right Hon. John Burns, M.P., President of the Local Government Board, received an influential Deputation organised by the Central Committee for the State Registration of Nurses, who urged that facilities should be given by the Government for the consideration in the House of Commons of the Nurses' Registration Bill.

DR. W. A. CHAPPLE, M.P., introduced the Deputation, which was composed as follows:—

The Right Hon. R. C. Munro Ferguson, M.P., in charge of the Bill, and the Lady Helen Munro Ferguson.

DELEGATES FROM AFFILIATED SOCIETIES.

1. *The British Medical Association.*—Sir Victor Horsley, F.R.C.S., F.R.S.; Dr. Cox, Medical Secretary.

2. *The Matrons' Council of Great Britain and Ireland.*—Miss L. V. Haughton, Matron Guy's Hospital, London; Miss R. Cox-Davies, Matron Royal Free Hospital, London.

3. *The Royal British Nurses' Association.*—Comyns Berkeley, Esq., M.C. Cantab, Medical Hon. Secretary; Miss E. C. Tawney.

4. *The Society for the State Registration of Trained Nurses.*—Mrs. Bedford Fenwick, President; Miss Margaret Breay, Hon. Secretary.

5. *The Fever Nurses' Association.*—Dr. E. W. Goodall, Past President, Medical Superintendent, Eastern Hospital, Homerton, N.E. (Metropolitan Asylums Board); Dr. Biernacki, Medical Superintendent Plaistow Fever Hospital, E.

6. *The Association for Promoting the Registration of Nurses in Scotland.*—The Right Hon. the Lord Inverclyde, President; Dr. D. J. Mackintosh, M.V.O., Hon. Secretary.

7. *The Scottish Nurses' Association.*—Dr. J. McGregor Robertson, F.F.P.S., F.R.S. Edin., Vice-President; Miss M. Dow, Hon. Treasurer.

8. *The Irish Nurses' Association.*—Miss M. Huxley, President; Miss Alice Reeves, Matron Royal Eye and Ear Hospital, Dublin, Hon. Secretary Irish Matrons' Association.

The National Council of Trained Nurses of Great Britain and Ireland.—Miss E. M. Musson, Vice-President, Matron General Hospital, Birmingham; Miss E. C. Barton, Matron Chelsea Poor Law Infirmary.

The National Union of Women Workers of Great Britain and Ireland.—Miss Agnes Garrett.

DR. W. A. CHAPPLE, M.P.: After introducing the Deputation and enumerating the Societies mentioned above, Dr. Chapple, addressing the

Prime Minister, said: Sir, you see nearly all of those most connected with the nursing of the sick represented here. There are two vested interests affected by the State Registration of Nurses—those of unqualified nurses, and those of one or two hospitals which—I do not think the word is too strong—exploit the nurses for the financial benefit of the hospitals. Trained and skilled nurses are as essential to the community as trained and skilled medical men, and unqualified nurses are as much a danger to the patients as unqualified medical men.

We do not ask that there should be an exclusive right to nurse by registered nurses, but that there should be a distinction between those who are trained and those who are not. There is no hope of getting young girls to go through a period of long and tedious training without any subsequent status. The public interest must be the first care, and as a medical man I know of no greater danger to the public than unqualified nurses. Further, nurses registered coming to this country from those of our Dominions and Colonies where registration is in force receive no recognition of their qualifications. We think that if facilities were given for the passing of a Nurses' Registration Bill in this country it would fall into line with other countries to the benefit both of the public and the nurses.

SIR VICTOR HORSLEY VOICES MEDICAL OPINION.

SIR VICTOR HORSLEY: Sir, four years ago you very courteously received a Deputation from practically the same people who are again before you. I claim on behalf of the British Medical Association that it is the only society which can be said to represent the medical profession. We feel the more justified in urging our proposal because we know of no resolution having been passed against it by any gathering of medical men or of the nursing profession. Last time you told us we were not unanimous because you held in your hand a list of names of persons not in accord with our views, and that you could not accede to our request. We claim that our request is a democratic one, made constitutionally, and that the bureaucratic opposition is put forth unconstitutionally. As a medical man I do not consider that medical experts on public business should be anonymous. I consider that the opposition should be public.

We stand on a stronger footing than on the last occasion, because since 1909 the Government has re-established the registration of teachers. The registration of teachers is an extremely difficult matter; the registration of nurses is as simple as the other is complicated. It could be carried out quite easily by a central council through a one portal system. The medical profession recognize the benefit of registration in their own case, and they want to see the same advantages granted to the nursing profession. Medical work is now becoming very imperial. The medical profession has reciprocity with the

Dominions; and the same is needed by nurses, who complain of the disadvantages to which they are subjected for the lack of it.

We hope that you, Sir, will see your way to acceding to our request, and, on behalf of the Government, to accept the view that State Registration of Nurses is expedient in the public interest.

MISS COX-DAVIES PRESENTS THE MATRONS' AND NURSES' CASE.

MISS R. COX-DAVIES: Sir,—May I be permitted to place before you some of the reasons, why members of the Nursing Profession support the petition that the Government will give facilities for the consideration of the Nurses' Registration Bill in the House of Commons?

It is now twenty years ago since the Matrons' Council of Great Britain and Ireland, which I have the honour to represent, adopted as one of its chief objects—a uniform system of education, with State Registration of trained nurses in the United Kingdom.

Urgent as the need was then, it is infinitely more urgent now. Demands are now made in every direction for trained nurses to fill most responsible positions. This is not only the case, both at home and abroad, under Government Departments, but also in civil appointments. We may fairly say that the trained nurse, both as a preventive agent and as assisting, under the guidance of the medical profession, in the care and cure of disease is recognised as an indispensable public servant.

It is therefore of paramount importance to the community not only that the supply of nurses should be adequate, but also that they should be efficiently educated for their responsible duties, so that the public may readily be able to distinguish those who can furnish evidence of professional skill attested by a central authority, from those who are unable to give such a guarantee.

In this connection, Sir, I would ask you to note that a less responsible and well-educated class of young woman is available for training at the present time than that obtainable a few years ago, and yet it is from the nurses of to-day that the future Sisters and Matrons must be selected. It is imperative to get the best type of women to train. These now need some amount of encouragement to enter for training, owing to the lack of status given them, when trained. After three or four years' study and experience nurses pass out of hospital into various branches of their profession and find themselves in keen competition with semi-trained and unreliable persons, who in many instances have been found totally unsuitable for even supervised work in hospital.

Intelligent, well-educated women in sufficient numbers will not run the risk and discredit of associating and being classed with non-skilled workers.

To illustrate this shortage in suitable candidates for training, I would very briefly draw your

attention to the fact that so lately as April 16th of this year, the Chairman of the Hospitals Committee of the Metropolitan Asylums Board admitted that owing to a shortage of nurses, they had been compelled to refuse patients suffering from measles and whooping cough. He further stated that this shortage was not due to the fact that the Board paid low salaries as this was not the case, but that it prevailed not even in London alone, but throughout the whole country. He added that advertisements for nurses at an increased salary has been issued, but no applications had been received. A similar shortage of suitable candidates to fill vacancies is reported from the Queen Victoria's Jubilee Institute, from Provincial Hospitals and Infirmarys, and even in some of our large London training schools.

The Bill for the State Registration of Nurses is primarily an educational one.

We ask that the State shall ensure that the professional education we receive shall be thorough and complete, knowing that our subsequent ability to perform our responsible work efficiently will depend upon such thoroughness.

We desire, therefore, that nursing education should be systematised, through the recognition by the central governing body to be created under a Nurses' Registration Act, of such Nursing Schools as can provide facilities for an adequate training, and by the affiliation of others, affording partial though valuable opportunities, which do not at present receive the appreciation to which they are entitled.

We desire, further, the power to maintain discipline in our own ranks, such as is exercised in the case of the medical profession by the General Medical Council, and of midwives by the Central Midwives' Board.

And lastly, we plead that trained nurses in the United Kingdom, who have proved themselves competent, shall be recognised by the State; and that they shall have the right to use a title which will distinguish them in the public mind from unskilled persons assuming to be skilled, and from those who adopt their professional uniforms with the object of deceiving the public to their detriment and danger.

We place our case before you, Sir, confident that our claims will not be denied your consideration, and respectfully urging upon you that legislation in the interests of the great profession of nursing shall no longer be delayed.

We ask this for the benefit and advantage alike of the public whom we serve, and of the medical profession of whose work ours forms an integral part.

We ask it also in our own name, for we venture to think that we have earned the right to ask Parliament to give us this public recognition which has been accorded to other professions, and, which, if granted, must increase our powers of usefulness, and, therefore, of public service.

LADY HELEN MUNRO FERGUSON SPEAKS ON BEHALF OF THE PUBLIC.

LADY HELEN MUNRO FERGUSON: Mr. Asquith, I have been asked to take part in this Deputation because the question of State Registration of Nurses is not one which affects nurses and doctors only, but is one in which the public is vitally interested, though it is natural that doctors and nurses should take a prominent part in promoting it, because they best realise the dangers to which the public are subjected from the lack of such registration. It was Florence Nightingale who started the campaign against the Gamp, and we believe that the battle will not be wholly won until Registration of Nurses by the State is in force. At present the public have no guarantee that they will get nurses suitable to their necessity. There is no standard; and in the absence of a standard and of experts to define what is the necessary training for a nurse, it is open to every hospital of 10 beds or 100, which professes to provide nurses for the public, to state that its nurses are trained, and it is no safeguard to pay £2 2s. a week for a private nurse, or £13 13s. in a nursing home.

Those who are opposed to registration of nurses say that the public have only to make enquiries, but nurses are wanted in emergencies, in cases of critical illness or accident, and there is no time to make minute enquiries.

Again, according to our opponents, moral qualities are of more importance than knowledge and training. These views are generally put forward by persons in rude health; those subjected to the ministrations of a nurse would probably regard skill of importance equal to those moral qualities which are so praiseworthy. Unquestionably the great majority of people do not understand what is required in a trained nurse, and consider a person in uniform all that is necessary.

It was brought to the notice of the Select Committee on the Registration of Nurses in 1905 that an Association of Nurses for the poor stated that their nurses were trained for three months "in a knowledge of the Bible and the Prayer Book, in singing and speaking at meetings, and in nursing." Since that time I believe the statement has been omitted from their annual report, and I hope that the order of accomplishments, has been transposed. All over the country district committees are busy providing nurses for the sick poor, and having no standards to guide them, many apparently agree with the noble Lord, who, when the Nurses' Registration Bill was before the Upper House, referred to the different classes of nurses as "those who attend the well-to-do and people who have important operations performed by eminent surgeons," and "that type of nurse especially required for the ordinary ailments of the poor." These committees are quite pleased for such nurses to do the family washing and feed the family pig, not realising that the very fact of the nurse undertaking these

extraneous duties may be a greater danger to the patient than the disease from which he is suffering.

It is not desired to hinder any one from obtaining the type of nursing care he requires, but to ensure that all may be able to obtain the nurses suited to their necessities.

THE PRIME MINISTER here enquired whether Lady Helen agreed with the previous speaker that deterioration was going on. She replied that she could not speak with the intimate knowledge of the Matron who had expressed that view.

DR. D. J. MACKINTOSH: Sir, I desire to point out that there is no opposition to the demand for State Registration of Nurses in Scotland. It is supported both by the medical profession and the nurses themselves.

DR. J. MCGREGOR ROBERTSON: Sir, since you received a former deputation, the nurses in Scotland have organised, as they never had done before, and they have done so because they recognise the importance of united action in reference to their State Registration. I am sent by a large body of Scottish nurses, of many grades, and there has never been the shadow of a doubt in the minds of any of them that the Nurses Registration Bill is in their high interests, and in those of the public. As far as our organisation goes, it is unanimously supported.

MISS M. HUXLEY SPEAKS FOR IRISH NURSES.

MISS MARGARET HUXLEY: Sir, a few years ago when I had the honour of speaking to you on this subject I then mentioned the chaotic state of the Nursing Profession, the want of a standard of Nursing, the need of State Examination and State Registration which would enable the public to know that the person engaged to attend their sick was really qualified to do so. In the intervening years these faulty conditions have in no way improved. There are still institutions which send out under-trained women, charging the same fees for their work as those institutions which give their nurses a much fuller and complete education. At present every Training School is a law unto itself, and will remain so until the State recognises us, and appoints a Central Governing Body as suggested in the Nurses' Registration Bill, whose duty shall be to fix amongst other nursing affairs a minimum standard of education. It is generally admitted that less well-educated women offer themselves for training than formerly, although the advance made by the Science of Medicine and Surgery demands more intelligent and accurate work from the nurse. It is suggested that the want of Professional Status, the natural consequence of a definite standard, is the cause of this regrettable change. Our Profession needs quality as well as quantity if it is to continue really helpful to the Science of Medicine and Surgery, and to the Public.

THE PRIME MINISTER then asked Dr. Chapple what he wanted him to do.

DR. CHAPPLE replied that the Deputation asked

for his sympathy, and for facilities for the Nurses Registration Bill in the House of Commons.

MR. ASQUITH said that that meant a Government measure; nothing else would be of any use to them. Had they got a second reading? Dr. Chapple replied in the negative, but said that there was greater unanimity amongst medical men and nurses than ever before, and they hoped that the Bill would have an easier passage through the House than formerly.

THE PRIME MINISTER'S SYMPATHETIC REPLY.

MR. ASQUITH, addressing the Deputation, said: I am very glad to receive you here to-day. I do not profess to have a special knowledge of the subject under discussion, which raises important issues for the community at large, to which I am not indifferent. It is not only not an unimportant question, but it is a question of growing importance that our nursing system should be recruited from the best possible sources, and should be carried on by persons who are more and more qualified for what all now regard as very responsible and difficult duties. We have all either as subjects, or as spectators, been interested in the operations of nurses, and realise that they need a well adjusted combination of head, heart and hand. In regard to the machinery which it is suggested to set up, I am far from saying that I am not impressed by the arguments which have been put forward. I am very much impressed, and recognise the representative and authoritative character of a Deputation such as this.

I think, however, that Dr. Chapple takes too sanguine a view if he thinks that the opposition has diminished. The list of opponents to which I referred four years ago has now been brought up to date, and is a more menacing and formidable array than it was then. It includes 91 chairmen of hospitals, who I suppose have attained that position by free election on the part of the subscribers.

SIR VICTOR HORSLEY: They are bureaucrats, not speaking on behalf of the management of the hospitals.

MR. ASQUITH: Exactly the same thing might be said of myself. These gentlemen may be bureaucrats, as Sir Victor Horsley has said, but they obtained their position in very much the same way as I did mine, by a more or less formal process of election. There are 66 Matrons of London Hospitals, and 178 Matrons of provincial hospitals.

SIR VICTOR HORSLEY: They are not speaking in the name of the nurses.

MR. ASQUITH: They are Matrons, and I presume persons of experience. There are also 1,332 nurses and 340 doctors. I am not saying you are not right. I do not say that my sympathies are not with you rather than with them. But in view of these figures and facts it is certain that a measure of this kind would encounter vigorous opposition in the House of Commons, and it is impossible to say that there is practical unanimity amongst

doctors, or even amongst nurses. We are—I am sorry to say—I wish it were otherwise—face to face with the position we were in four years ago. I do not controvert your arguments, or even say that I do not in a large measure agree with the views presented to me, but looking at the question as I am obliged to look at it, I cannot treat it as a measure which would have a smooth and easy course. I am obliged to have regard to the exigencies of the Parliamentary position, and if the Government were to give facilities in favour of this measure it would probably excite opposition and take up a good deal of time. Until you have therefore—I do not say, annihilated—but substantially mitigated, the opposition I cannot honestly say that any Government could give facilities—that is to say, Government time—for a Bill of so distinctly controversial a character.

I have spoken plainly because it is best to tell the honest truth, but you must not think that what I have said indicates any lack of sympathy with the object which you have in view. It is most desirable that the medical and nursing professions should arrive at something more nearly approaching a concordat than is the case at present. The only practical suggestion I can make is that it might be desirable to take into counsel some of the more authoritative of your opponents, and, by some modification of the scheme, elaborate proposals which would obtain substantial consent. If this were attained you would have no more ardent sympathisers than the Government.

DR. CHAPPLE said that there was unanimity amongst the medical and nursing organisations, and he did not see how it would be possible to obtain unanimity amongst individuals, more especially amongst opponents who had a vested interest in untrained nurses. For instance, it would be impossible to get the support of the Chairman of the London Hospital. That hospital sent out probationers to whom they paid £28 a year as private nurses, for whom they might receive £100. It was impossible to get a hospital committee of that kind to support the movement because they had a vested interest.

The PRIME MINISTER inquired whether Dr. Chapple meant that good nurses were not obtained from the London Hospital, and Dr. Chapple replied that they sent out probationers and drew £2 2s. a week for them. The Prime Minister said they must hear the other side, and Dr. Chapple replied that there was no disputing the facts; he knew of one nurse who was only a year and ten months before being sent out. Mr. Asquith said he would communicate what Dr. Chapple had said to the chairman of the hospital, and Dr. Chapple replied that he would be very glad.

ON THE WAY TO VICTORY.

SIR VICTOR HORSLEY reminded the Prime Minister that when the Select Committee of the House of Commons on Nurses' Registration took evidence in 1904 and 1905 only one Matron in the whole of the United Kingdom amongst the

members of the Nursing Profession said to be opponents of State Registration submitted herself to cross-examination. The opposition would not face the supporters of State Registration of Nurses in the open. On one occasion Mr. Sydney Holland had addressed a public meeting of nurses, and found himself in disagreement with them.

MR. ASQUITH'S last words were significant ones:—

"That shows you are on the way to victory."

MRS. BEDFORD FENWICK, on behalf of the Deputation, proposed a vote of thanks to the Prime Minister for receiving them in so courteous a manner, and especially for his expression of opinion that he had been very much impressed by the arguments which had been put forward.

This was passed by acclamation, and the Deputation then withdrew.

The foregoing report is an almost verbatim account of the proceedings. Next week we hope to publish our editorial comments, for which we have not space this week.

The members of the Deputation were most kindly entertained to tea in Room B at the House of Commons by Mr. Munro Ferguson, when Lady Helen Munro Ferguson presided, and the delegates present from the three kingdoms had an opportunity of discussing informally the Registration position.

THE NURSING OF THE INSURED SICK.

We have received, as we go to press, a very important document from the Queen Victoria's Jubilee Institute dealing with the nursing of the insured sick, which, we regret, it is impossible to publish this week. We hope to deal with it in our next issue, as this JOURNAL is, we believe, the only one which has publicly claimed the right of the insured sick, who pay for the benefits which they receive, to thoroughly skilled nursing.

THE DUBLIN NURSING CONFERENCE.

ORDER OF EVENTS.

June 3rd.—Reception of Guests in Royal College of Surgeons, Dublin.

June 4th to 6th.—Conference and Exhibition organized by the Irish Nurses' Association, Royal College of Physicians, Dublin. Questions of interest to be discussed:—Nursing Education, Preliminary, Reciprocal and Post Graduate Training; State Registration; the Nurses' Registration Bill, its effect on the Nursing Profession, including Hours of Work, Remuneration and Privileges; the Law as it affects Trained Nurses; White Plague (tuberculosis); Black Plague (venereal disease); the Appeal of the Insane; Poor Law Nursing; School Nursing; the Training and Professional Ideals of the Masseuse; the Legal Status of the Midwife; a Just Midwives' Act for Ireland.

THE CATHOLIC WOMEN'S LEAGUE NURSES' GUILD.

At 116, Victoria Street, S.W., the Catholic Women's League have established a centre for the use and comfort of the London Branch of the Catholic Women's League Nurses' Guild; and here Roman Catholic nurses, working in London, may apply to Sister Kennedy for information on all points connected with the Guild.

The venture (says *The Tablet*), is under the special patronage of his Eminence the Cardinal Archbishop, who has promised to open the rooms formally, on his return from Malta.

London is not the first place in which the Catholic Women's League Nurses' Guild has taken shape. Centres are already formed at Brighton, Boscombe, Bournemouth, Leeds, Sheffield, and Bradford; and one is about to be formed at Birmingham. The movement bids fair to extend in all directions, for it is evident from the cordiality of its reception by nurses that they feel it will be of real service to them. Some nurses come to London, having no friends, or no Catholic friends, to whose houses they can go in their free hours. Very likely, too, these "times off" find them tired, and more inclined to take refuge in a place where they may read books or newspapers undisturbed than to seek society, which, to many, means effort. Here, too, they may write their letters and have tea. But those who wish for social intercourse and the interchange of ideas, may find others like-minded in the Guild rooms—for the object of the Guild is "to promote fellowship among Catholic nurses, and provide them with opportunities of meeting one another and other Catholic workers."

And the method by which this fellowship is to be maintained should be steadily kept in view. This is not a merely social movement, nor a matter of physical convenience alone. It is in its essence spiritual; and "monthly religious services will be held, with special sermon and Benediction" - and members are advised to keep this meaning clearly before them.

The Guild has been formed with the co-operation of the Reverend Mother of the Visitation Order at Harrow, who has been so good as to give it permission to use the design of the Harrow Nurses' badge, executed in the colours of the League. The management in each centre is vested in a committee, composed partly of members of the League and partly of nurses. The rooms in Victoria Street, which offer the attractions which simplicity guided by good taste can always produce, will be open from ten o'clock in the morning till ten at night. The subscription for London is 6s. per annum, but the rate varies in different centres, according to the kind of accommodation provided.

A visit to the Guild Club Room, reveals it as a charming centre, most comfortably furnished, and provided with up-to-date papers and interesting periodicals.

APPOINTMENTS.

MATRON.

King Edward Memorial Hospital, Hendon.—Miss Mary Punched has been appointed Matron of the new King Edward Memorial Hospital at Hendon, which is to be opened shortly. She was trained at the Central London Sick Asylum, Hendon, and has had a varied and large experience which includes mental, fever, and accident work, and for the last three and a-half years has been Sister at the C.L.S.A., Hendon.

Cottage Hospital, Ashby-de-la-Zouch.—Miss A. G. Airey has been appointed Matron. She was trained at the Royal Infirmary, Manchester, and has held the position of Staff Nurse in Queen Alexandra's Military Nursing Service, and of Sister at the Grantham Hospital.

HOME SISTER.

City Hospital, Fazakerley, Liverpool.—Miss F. E. Richards has been appointed Home Sister. She was trained at the Hospital, Ashton-under-Lyne, and the Monsall Fever Hospital, and has held the position of Sister under the Metropolitan Asylums Board, and at the Isolation Hospital, Croydon.

SISTER.

Royal Infirmary, Preston.—Miss Nelly Inxon has been appointed Sister. She was trained at the Royal Infirmary, Manchester; and has been Ward and Theatre Sister at the Ear, Nose and Throat Hospital, Manchester.

The Infirmary, Stockport.—Miss M. Griffith has been appointed Sister. She was trained at the Royal Southern Hospital and the Women's Hospital, Liverpool, and has been Theatre Sister and Sister of Women's Wards, Harrogate Infirmary and Sister at the General Hospital, Yarmouth.

NIGHT SISTER.

General Hospital, Great Yarmouth.—Miss I. M. Docherty has been appointed Night Sister. She was trained at the Royal Infirmary, Dumfries, and has held the positions of Staff Nurse at the Royal Infirmary, Edinburgh, Theatre Sister at the Stanley Hospital, Liverpool, and Ward Sister at the Royal Infirmary, Dumfries.

SCHOOL NURSES.

Guildford Education Committee.—Miss Alice Wilson has been appointed School Nurse. She was trained at the Prince of Wales General Hospital, Tottenham, where she has held the position of Staff Nurse.

Kettering Corporation. Miss Emily E. Ewing has been appointed School Nurse and Health Visitor. She was trained at Norwich Infirmary and at Stobhill Hospital, Glasgow, and has held the position of Nurse at the Newton Abbot Infirmary, and of Charge Nurse at the Norwich Infirmary, and has also had experience of private

and district nursing. She is a certified midwife and holds the certificate of the Royal Sanitary Institute.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Harriet P. Moore is appointed to Brixton as Senior Nurse, Miss Annabella Broadfoot to Harpenden, Miss Laurina de Wit to Hampstead, Miss Louisa Hogarth to Minchinhampton, Miss Edith D. Ludlow to Tottenham, Miss Ellen Nichols to Exmouth, Miss Lillian Poustord to Olton, Miss Margaret Porteus to Shoreditch.

THE BART'S GOLD MEDAL.

Miss E. Thompson has gained the Gold Medal in the Final Examinations after three years' training at St. Bartholomew's Hospital, E.C., and Miss H. F. Fraser the Prize of Books in the First Year's Examination. Both are very good nurses and the awards are popular in the School.

PRIZES AT CHELSEA INFIRMARY.

On the evening of April 23rd Miss Stansfeld, Superintendent Lady Inspector under the L.G.B., kindly distributed the prizes won by the nurses at their recent examinations. After a very interesting and helpful address Miss Stansfeld handed a silver badge to Nurse Gwen Coles, who had received the highest marks as best all-round nurse at the conclusion of the three years' training. Nurse Bertha Evans was awarded a book as she had received the highest number of marks at the first year examination.

PRESENTATION.

Miss G. R. Hale, Superintendent of the Nurses' Home at Bart's, left to take up her appointment as Matron of the New Hospital for Women on May 1st. Her colleagues presented her with a beautiful silver tea-service, and are so sorry to lose her, as she is held in great regard and affection by all those she came in contact with. One consolation to her numerous friends is that her new sphere of duty is not far away.

THE PASSING BELL.

A member of the Nursing Staff at St. Bartholomew's Hospital writes: "We have been depressed to the very depths this past week by the most sad death of Mr. Etherington-Smith. He was so beloved by us all, and as surgeon to the nursing staff was known personally to so many. His was such a sunny nature, always so keen at work or play, and so courteous to all. The service at St. Bartholomew's the Great was most impressive, and it made one's heart ache to see all his special hospital friends bearing in his coffin on their shoulders, and to hear all those boys—the students—sing 'Fight the Good Fight.' There was not standing room for them."

NURSING ECHOES.

We have received the results of the examinations which have just been held for the certificates which the Asylums Board now offers to the nurses who work in the acute infectious hospitals. These certificates form an important part of the new nursing scheme which came into operation about three years ago. Trained nurses who have worked not less than twelve months under the Board, and passed a written and an oral examination in fevers and fever nursing, are given a certificate setting forth these facts; probationers must serve for two years, and pass an examination in anatomy and physiology, as well as in fevers and fever nursing. Each probationer is given a certain number of marks by the matron and medical superintendent of her hospital for her work and conduct during her period of training, and unless she obtains sufficient she is not allowed to enter for the examination. The maximum number of marks obtainable for work and good conduct are equal to half the maximum given for the examination. The two are added together in determining the placing of the successful candidates.

There entered for the examination one sister, seven staff nurses, and fifty-two probationers. There passed one sister, two staff nurses, and thirty-six probationers. We congratulate probationer Rossiter, of the North-Eastern Hospital, on the high standard she attained. Miss Rossiter gained the Gold Medal with 551 marks out of a possible 600, and Miss L. A. Paxman, of the South-Eastern Hospital, the Silver Medal, with 508 marks.

Miss Leach, who was for ten years Matron of Wood Green Hospital, has taken Clarence House, North Finchley, a mansion standing in its own grounds, and furnished it in up-to-date style as a Nursing Home and Institute. Clarence House, which stands in the quietest part of Finchley, is an ideal spot for the purpose, as the two acres of grounds are tastefully laid out, and not a sound will disturb the patients. The operating room is spacious, and opens on to a balcony, is entirely white, and all necessary appliances are enamelled. Needless to add, the operating table is of the latest and most convenient type. Let us hope Miss Leach has a successful and happy future before her.

In recommending a series of grants to persons who rendered good services in connection with the recent sewer catastrophe, the Kensington Council submits a report that it would like

to have been able to submit a recommendation in favour of some special recognition being made of the services of a nurse who rendered valuable aid in the treatment of the injured men, but as it has been unable to trace her, it cannot do so. None the less, the Council adds, it appreciates the good work she performed.

All over the country Boards of Guardians are encountering great difficulty in obtaining good nurses, and getting them to stay, even when appointed. Women are being admitted as wardmaids and promoted to be nurses in a few months' time. One distracted Guardian suggests it might be given out that their infirmary is the high road to matrimony. Imagine the type of women who would respond to such blandishments. The sick people are indeed to be pitied. All the suffering falls on them.

At a recent meeting of the Burton Board of Guardians, Major H. E. Wise moved that a sub-committee be appointed to deal with all applications for office of charge nurses and probationers, as in their selection the Board were oftener ruled by good looks than by capabilities. We should advise that the matron be permitted to select nursing officers for recommendation for appointment by this susceptible Board.

Still good news from Constantinople of Sister Obee. She is improving, temperature normal, and "quite herself." She is most grateful for all the kind care and attention she has received at the British Seamen's Hospital, so that now in a few weeks' time we may hope to have her home safe and sound. Sister Warriner is working hard amongst the poor refugees, as there is a great deal of sickness amongst them. She discovered six cases of smallpox in one mosque, and many cases of measles and other diseases in others.

Miss Macqueen, formerly Organising Superintendent for England of the Queen's Jubilee Institute, is now engaged in organising relief on behalf of the Macedonian Fund. From Monastir she has penetrated into the interior of the country, and even crossed the mountains to Janina, being, no doubt, the first English relief agent to visit this town. The interesting question of repatriation is at present engaging her attention. Most of the peasants who fled before the tide of war from the villages and took refuge in the towns are now anxious to return and sow their crops. Miss Macqueen reports that it is hoped to repatriate some of the refugees almost immediately. A

number of them came from Kinlerand and Selfige, and in those and other places the Governors assured her that they would certainly be protected and helped. In each place the Greek Government has given food and clothes to the poor, and at Sorowitch and Easiga they are now making up lists of those whose houses have been burnt, and have promised to make good the damage done as soon as the war is over. It is hoped to get many of the people back now, so that they can get to work in the fields before it is too late to get the second crop in.

Miss E. C. Keogh, a past President of the Irish Nurses' Association, has returned to Ireland after six months' work in Greece. She was there before the war broke out, and at once offered help. Miss Keogh has had a most interesting and exciting experience, as for part of the time she was in a field ambulance up at the front, and was close by at the fall of Janina. We hope to publish some of her reminiscences by and by.

At the quarterly meeting of King Edward's Coronation Fund for Nurses held in Dublin, six applications for membership were accepted. Four nurse members were allowed grants—one member £10, and three £5 each. It was decided that the annual general meeting should be held on Tuesday, May 20th.

Mildonan Cottage, Mill Hill, which has been bought as a memorial to the late deeply respected Nurse Cameron, by the Musselburgh Nursing Association, will soon be ready for occupation by the two nurses appointed owing to the increase of work.

Our Miss Dock recently sent us congratulations: we return the compliment. Miss Dock is a Pennsylvania woman, and the fact that the Equal Suffrage amendment has now passed both Houses of the Legislature of that State, and only awaits confirmation by a Referendum (which cannot take place till 1915), will, we know, be a source of unqualified joy to her. Miss Dock sees very little hope of nurses in this country getting their Registration Bill through without the lever of the vote. Anyway, we want both reforms, and will take all we can get by hook or by crook.

Miss Mieklem writes from Nairobi, British East Africa: "I have for long taken your JOURNAL, and always look forward to its arrival. I am very interested in the progress of the

Nurses' Registration Bill, and am as furious as any of your correspondents on the subject of untrained people wearing nurses' uniform, and when it comes to making use of it for immoral purposes it is perfectly scandalous. It is indeed most unfair that trained nurses have no power of protecting themselves, their professional ideals, and recognised dress. It is only through registration we can stop this abuse of uniform and other things, and I most earnestly hope it may soon come."

All over the world trained nurses are beginning to realise their right to status, so that they may protect their professional interests and their good name.

POOR LAW INFIRMARY MATRONS' ASSOCIATION.

A largely attended meeting of the Poor Law Infirmary Matrons' Association was held on the afternoon of April 26th, at the Kensington Infirmary, by kind invitation of Miss Alsop. Miss Barton presided.

Miss Williams, Superintendent Nurse of the Union Hospital, Cardiff, briefly explained the proposed scheme for a Superintendent Nurses' Association. Those present were in favour of such an organisation and of its affiliation with the Poor Law Infirmary Matrons' Association.

Miss Stewart, Matron of the City of London Infirmary, read a short paper on the subject of checking articles to the laundry and back; a very interesting discussion followed on the various details of laundry work. Many other questions were discussed.

THE NURSES' SOCIAL UNION.

The Central Council of the Nurses' Social Union met on April 21st, at the Queen Victoria Jubilee Institute. Among the important business to be considered was the change of name, which has been under consideration for some time, as many members feel that "Social Union" is a somewhat misleading title, and hardly does justice to the growing scope of the work. The name of "National Union of Trained Nurses" was finally decided on and unanimously agreed to, and the Nurses' Social Union will, in future, be known by this title, and incorporated as such. A central office has now been established in London at 39, Great Smith Street, S.W., where enquiries may be answered, pamphlets bought, and a large stock of health posters seen. It is the aim of the Council, when sufficient funds are available, to erect an institute or club-room in London for members, and a fund has now been started for this purpose. About £5,000 is required, and the Committee will be glad of any help towards raising this sum. A donation of £100 has already been given. A legacy of £5,000 has been promised to the Union, on condition that £1,000 be raised in five years. The sum raised will be invested for this new scheme,

REFLECTIONS

FROM A BOARD ROOM MIRROR.

The Princess Royal visited the Belgrave Hospital for Children, Clapham Road, last Saturday afternoon to reopen the Babies' Ward. An increasing interest is being taken in the good work of the Hospital, and all the wards have been reopened. In support of Mrs. Kendal's eloquent special appeal to the generosity of those present £71 was collected. The Princess Royal afterwards visited the wards, and expressed her appreciation of the excellent work done. The occasion was also the annual "pound day" of the Hospital, and more than two tons of goods were received, £125 6s. 11d. being contributed in money.

Prince Alexander of Teck has received from Sir Charles W. Morrison-Bell, Bart., a donation of £1,000 for the purchase of radium for the Cancer Charity of the Middlesex Hospital.

At the annual meeting of the Governors and General Council of King Edward's Hospital Fund for London, the total amount of receipts for the year were shown to be £179,000. The amount received in donations and subscriptions, compared with the previous year, excluding Sir Ernest Cassel's special donation and contributions to capital, decreased over £9,000, while legacies fell off by over £37,000.

£2,000 has been realised for Westminster Hospital by a very successful musical and dramatic recital organised by the Ladies' Association at Bridgewater House. Nurses in the hospital's uniform sold programmes, and Sir John Wolfe Barry, chairman of the House Committee, spoke of the valuable work done by the Ladies' Association.

Princess Louise and the Duke of Argyll visited Birmingham last week to lay the foundation-stone of the new Children's Hospital in Ladywood Road and unveil the statue of King Edward VII in Victoria Square.

The Duke of Argyll said on behalf of the Princess: "We wish to thank you heartily for your most kind welcome to-day. The Princess is especially grateful to you for giving her an opportunity of assisting in fulfilling the late King Edward, her brother's, fondest wishes by associating herself with you in the building of a free hospital in Birmingham, whose municipality was always foremost in the equipment of a great city. To have a new hospital for the healing of children built as a tribute to his memory would have been a great satisfaction to our late beloved King. The suggestion that a donation of £1 is from each child, who would have its initials moulded on bricks of the building, seemed to the Princess to be a very happy one. Not only was it practicable, but she felt that it would foster in the child the natural instinct of a desire to help the suffering."

THE NURSING AND MIDWIFERY CONFERENCE.

POOR LAW NURSING.

Miss James, a Poor Law Guardian of the Bethnal Green Union, presided at the first Session on the afternoon of Wednesday, April 23rd, at the L.C.C. Technical Institute, Vincent Square, S.W.

SOME OF THE DEFECTS IN POOR LAW NURSING ARRANGEMENTS AND SOME SUGGESTED REMEDIES.

The first paper, by Miss A. C. Gibson, late Matron of the Birmingham Infirmary, was read by Miss Holberton, as Miss Gibson was unable to be present.

Miss Gibson outlined the reforms which had taken place in the last fifty years owing to the work of the late Miss Louisa Twining, the passing of the Gathorne-Hardy Act, and the official abolition of pauper nursing, not yet, however, extinct.

There were, said Miss Gibson, several propositions for the improvement of nursing in the smaller workhouses, *i.e.*, (1) The joining of all Unions in one district; the chief objection to this was that it would remove the patients from the neighbourhood of their homes and deprive them of the society of their friends. Miss Gibson wrote from a point of view unapprehended by the legislator who deals with humanity in bulk. Within her vision are suffering eyes turned to watch the ward door, becoming obscured in shadow, as peering painfully into the little crowd of visitors which separates into groups of twos and threes, it is evident that no friends will for them brighten the visiting hour with news of the details trivial though they may be—which compose their world.

(2) The utilisation of attendants in workhouses and the transfer to the nearest cottage hospital of cases of acute disease.

(3) The wider employment of district nurses.

(4) A fourth method was favoured by Miss Gibson as leading to absolute efficiency, namely, that all the large Poor Law Training Schools should unite in an effort to help the smaller infirmaries. She suggested that probationers' contracts with the large infirmaries should be for four years and a-half, three years to be spent in the training school, the fourth in a small union, and the last six months in the large training school, so that the pupils should be quite up-to-date when they passed out of their pupilage into the world.

It was necessary that the outlook of the larger infirmaries should not be parochial, but national. Also the fact that probationers did not stay in Poor Law work might be minimised if they were taught that the Poor Law was doing a great and good work and that they could help it on. Respect for the Service should be inculcated as a part of training.

The writer concluded by begging her hearers not to put the scheme on one side as impossible. She also advocated the establishment of a nursing Department at the Local Government Board Office, and asked each one present to do her share to further the efficient care of the sick. Their duty was to be useful, not according to their desires, but their powers.

THE MODERN POOR LAW TRAINING SCHOOL.

Miss Constance Todd, Matron of the Wandsworth (St. James') Poor Law Infirmary, Bidham, referred to the ignorance prevalent amongst hospital nurses as to the organisation and working of a Poor Law Infirmary. Some years ago she herself thought infirmaries dreadful places, filled with all the hopeless cases turned out of hospitals, and that they had far too few nurses to nurse the patients properly. Her views had now changed in all but one respect, *i.e.*, as to the adequacy of the nursing staff.

She stated that in 1912 the Metropolitan Boards of Guardians and also the Northern Union of Clerks and Superintendents Registrars Society were considering a scheme by which there should be a recognised standard of training for all Poor Law Schools for Nurses and a Central Examination for the same. Neither scheme had come to anything yet and the matter seemed to have been dropped. Before the question was raised again she hoped nurses in England would have obtained State Registration and that there would be a Central Examination for all nurses from recognised Training Schools. Miss Todd then gave a syllabus of theoretical and practical training for nurses in force in many Poor Law infirmaries many of which, she stated, were recognised as Midwifery Training Schools by the Central Midwives Board. This training was usually given to fourth-year nurses and in some message was also taught. The Open Air Treatment and Tuberculin Treatment of phthisis were also carried out.

In conclusion, Miss Todd claimed that Poor Law Infirmarys were excellent training schools for women wishing to take up district or private nursing, Colonial nursing, work in sanatoria or schools, health visiting or social work amongst the poor, as well as to take charge of Poor Law Training Schools.

ADVANCES I HAVE SEEN IN POOR LAW NURSING.

Miss Elma Smith, Matron of the Central London Sick Asylum, Hendon, said that twenty or thirty years ago the same conditions, concerning which so much was heard of as to the nursing and management (or the lack of them) in certain country Unions and Infirmarys, existed in the larger number of the London Infirmarys, but the trained nurse was being steadily introduced, training schools were being started, and educated broad-minded women of high moral tone and the true missionary spirit went to work in these places prepared to give of their best for the sick poor. It was these acts of personal service which had brought the work up to its present standard. At

first the patients themselves resented the introduction of trained nurses and probationers, but it was gradually borne in upon them that it was for their good.

Now lectures to probationers were given regularly by the Matron and her assistants and in Infirmaries the medical staff had the education and training of the probationers very much at heart and did all in their power to help them. The clinical training was of the greatest possible assistance.

Miss Smith outlined the comprehensive course now given in an up-to-date Poor Law infirmary, and said that at the end of three years' training an examination was held by an outside examiner, both *viva voce* and written, which, with the Matron's marks, decided the result. The speaker expressed the strong opinion of herself and other Infirmary Matrons that a Central Examining Board should be established for all nurses in general training whether in hospitals or infirmaries, and that examinations should be held at regular intervals, like that of the Central Midwives Board.

THE NEED FOR AN ASSOCIATION OF SUPERINTENDENT NURSES.

Miss Charlotte Williams, Superintendent Nurse at the Union Hospital, Cardiff, voiced the need for an Association of Superintendent Nurses, and said that the success which had attended the formation of Associations of workers in all the various forms of labour, both mental and manual, and the improvements in the condition of their work, which the members had been able to secure for themselves, encouraged one to believe that an Association of Superintendent Nurses would bring about for them similar advantages.

The work of Superintendent Nurses might be considered under the following heads: (1) The care of the patients; (2) The Training of Probationers; (3) Their own position, which included all that was of vital importance to them in their work.

The need for improvement in the nursing arrangements in rural workhouses was not merely a subject for debate, but an hourly source of anxiety. The Superintendent Nurses knew the practical difficulties which had to be surmounted before even small improvements could be achieved. They realized that individually they were powerless to effect any large measure of reform, and at times had all experienced the depression which followed disappointment, the perplexity partly due to the indefiniteness in their position, and the temptation to let things slide when the burden seemed too heavy. If they decided to form an Association they would obtain from each other sympathy in disappointment, help or encouragement to strengthen them in their weak moments, and they would enjoy the bracing effect of intercourse with others who share their interests.

The position of Superintendent Nurses required clearer delineation, especially in their relations to the masters and matrons with whom they had to co-operate. Some of them enjoyed considerable liberty of action and received every possible

assistance in the discharge of their duties. Others suffered from excessive restriction, but it was not clear whether the liberty they enjoyed was theirs by right, or whether the restrictions inflicted might with propriety be opposed as arising from a disposition to tyrannise.

Some masters and medical officers appeared to suffer from a nervous sense of responsibility, and the same might be said of Matrons and Superintendent Nurses, and on occasions when she had been consulted as to matters causing "friction" it seemed to her that excessive anxiety was at the root of the trouble rather than a deliberate wish to irritate. By union they should be able to lay down lines on which mutual respect and confidence could travel, and rid themselves of the old spirit of antagonism and suspicion.

Miss Williams proposed that the Association suggested by her should be for Superintendent Nurses only, that in each locality they should unite to form local branches, that local branches should unite to form district associations, and that the association should seek alliance with the Poor Law Infirmary Matrons' Association, and so connect the two societies for mutual support.

THE NEED FOR WOMEN INSPECTORS.

Miss Bertha Mason, who was an inspector of boarded-out children for twenty-five years, spoke of the need for more women inspectors. The work was more than anyone could possibly do, it was outrageous. The special work of the nurse inspectors was so different from that inspection of boarded-out children that she did not think it should be mixed up. The nurse inspectors should be set free to do their own splendid work.

Miss Holberton said that Miss Gibson was afraid that the rosy views entertained in regard to London Infirmaries might be supposed to apply to the country where the outlook was much more pessimistic. They must stand together to secure good nursing for the sick poor, and to help the nursing in rural workhouses. It would break the hearts of the pioneers in workhouse nursing reform could they see some of the things still going on under the Poor Law.

Miss Helen Todd criticised the period of 4½ years suggested for training as somewhat awkward.

Miss Barton on behalf of the Poor Law Matrons' Association, welcomed the suggestion for the formation of a Superintendents' Association and looked forward to their affiliation.

The Chairman said that the salaries paid to Sisters and Superintendent Nurses in poor law institutions were disgraceful. She had been in communication with the Local Government Board on the subject and was quite ready for a fight over this question.

Mr. Ward, a West Ham Guardian, said his Board were up against the Local Government Board on the question of one day's rest in seven. It was said that hospital nurses did not get it, but if hospital nurses did more than poor law ones all he could say was that he was glad he was not a nurse.

OUR FOREIGN LETTER.

NURSING IN THE GREAT MID-WESTERN FLOODS.

By FELIX J. KOCH.

If ever nurses have been in demand in any one section of the United States since the great earthquake and fire at San Francisco, in 1906, sent relief trains and hospital corps scurrying Golden Gate-ward, it was when the first news of the terrific flood-catastrophe at Dayton, Ohio, went forth, to be followed, so soon after, by similar stories from Hamilton, Columbus, Middletown, and elsewhere. In the San Francisco holocaust,

size, and almost the only point untouched by the floods, with which any manner of communication could be established, twenty nurses, almost all of them from the City Hospital, though there were a few from the Jewish Hospital and from the "Good Samaritan" as well, had place.

A few of the number were but newly-graduated from the Training School, but there was work for all at such time. The nurses wore the badge of the Red Cross for this occasion, all of them, and, though volunteers, they soon fell into the work required, and were as adept as the most seasoned Red Cross workers.

Once aboard the relief-train, made up for the occasion, progress to the scene of disaster was slow. The C.L. & N., the only available railway,



THE PASSING OF THE WATERS AT DAYTON.

however, one might see his way even at the edge of the flames, but at Dayton water was everywhere, even up to the second stories of the homes in the bottoms; and on this water, first the current—in which no boat could live—and then the wreckage, causing shoals at most un-looked-for places, long precluded passage. More than that, the night was bitter cold, sleet and snow rushed down from the lurid skies, and the wind howled a perfect dirge around the tumbling corners.

Into such chaos the nurses went, obedient to the summons.

The very first quota of nurses had, of course, the most perilous conditions to meet. On the first relief-train from Cincinnati, the nearest city of

is a notably bad road; and coupled with this was the matter of wash-outs and fear of loose tracks and bridges, thanks to the flood and the rains, still pouring. The first word was that the nurses would be forced to spend all the night in the coach; and so the young women prepared coffee and sandwiches there for the doctors and the men, come aboard, who were soon to launch out on the rescue-work. An inky-dark night was all they could see without; and in the filthy coach—the road did not proffer a Pullman, rest assured—conditions were far from pleasant. Leaving Cincinnati at three in the afternoon, that train did not reach Dayton until between eleven and twelve that night!

Dr. Arch. Carson, in charge of the nurses aboard, at first suggested they prepare to over-night in the car here. By and by, though, this order was changed; and an escort came to take the nurses to the Cash Register factory, the only haven of refuge, with heat and light, in all that wilderness of flood and storm.

At one, the nursing corps retired, sleeping on the boards of the factory floor. At three-thirty in the morning—two hours and a-half later, that is—they were called.

Miss Margaret Colvin, the nurse who did most for the suffering that first day there at Dayton—the surgical nurse of the Cincinnati Hospital—she gives an interesting account of her experience:—

"It was four in the morning," she says, "before we really knew what we were to do. Everything was in such confusion; no one up there seemed to know what to do next. We had our wraps, and some of our squad donned their uniforms; but most of the nurses did not.

"At four, they told us we would get breakfast at five; and then, at day-break, we would be assigned to the relief stations about the city.

"A company of University of Cincinnati students, who had volunteered for Red Cross duty, had come up with us on the train; and with two of these, three other nurses, two doctors, and a guide from the Cash Register plant, we went by auto, to the designated point. Of course, we took our medical supplies along with us.

"Our squad, composed of the party as given, were assigned to the Stivers High School. We had a stretcher along with us, and this soon gave the place a hospital aspect.

"At the start we established ourselves on the first floor, but very shortly the water came here, and we were forced on to the second.

"Through the windows we could see boats going about, looking for people. It was bitter cold; but we nurses each had our blankets, and this helped somewhat. Then, too, we put up some gasoline-stoves, for heating things—for there was no gas to cook on in all the town. We never *did* learn where those gasoline-stoves, brought us, had come from; they were old-time ones, and perhaps taken by force from some near-by families.

"Despite the terror and excitement round about we managed to get together a breakfast for the helpers; by that time the patients began coming in. They were wet, frozen, and hungry.

"Almost as soon as they'd got to us and realized they were actually safe, they grew hysterical. Many of them lost their nerve as soon as inside the door—they did not know their own names, and where the hysteria was very bad we were forced to administer medicines hypodermically to them. This, of course, soon quieted the patient.

"Where such procedure was necessary, automobiles were at hand to take them to the hospital.

"Some of our callers had cuts, at the start from flood-wreckage, but soon we came to have a great number of women coming in for bandaging, having cut their fingers in cutting the bread for relief—due to excitement and nervous terror.

"Many of the poor maroons we had to dry off and put to bed, in borrowed clothing, and the bed, of course, just the floor. So soon as these stopped chilling, they felt much better and many of them went out to find their relatives forthwith.

"Meanwhile our own building was bitter cold. The engine room was full of water; there was no place for a fire. We sent the worst-afflicted, therefore, to the hospitals, and the other invalids to the churches, where havens of refuge were established. Of course, we kept a register of all those cared for. It is interesting to relate," our informant stated, as her eyes clouded at the memory of the sufferings she had witnessed, "that the little girl who kept this record for us had been in a house till the water went up to her neck. Then, at last she was induced to flee, and escaped, first to her roof. Finding this growing unsafe, she passed from roof to roof, till somehow she got on top of a series of railway cars. From these she passed up the train—a very long one—to higher ground, by way of which she came to safety. She had been visiting and her own home, she found, was quite safe. She dried herself, took food, and then went out to help the nurses.

"Another interesting case I will never forget came at the height of the torrent. We had a dear little couple brought in—the girl perhaps eighteen, the boy one year older. They came quivering to the door, the girl was hunting her mother, who had been brought in here. I assured her she was well cared for, having been sent to a warmer place. In one day over a thousand people passed through our hands, but somehow we did seem to remember individual cases. The boy, meanwhile, seemed so attentive to the lass, I felt sure he was either her husband or brother. She was cold, and as I put a sweater on her, I asked her as to him.

"The young man, she stated, had never seen her before—or *vice-versa*—but they had swum Second Street to safety together, 'And I guess we'll be together for ever after,' she said.

"Along about afternoon the nurses got word that the Levee had broken and every one fled the hospital, excepting Miss Colvin, two doctors and one or two nurses.

"One of the high-school boys, too, remained—saying, 'We were as safe here as any place'—for this was a new building, and as the water had been to the second floor and it stood, it would stand again.

"I put medicine and the like in a bag, ready to go higher," the nurse tells us, "but there came no need. Instead, we joked the soldiers to keep these from running.

"The boys drew our attention, too, to the men we could see looting, and so on. One man made people pay all they had on them—in cases twenty-five dollars—before he would take them to safety.

"Then again we got patients. One man came in with a deep cut in the ankle. He was excited and screaming, and throughout our attending him, insisted on telling me how brave the women had been. Meanwhile, we gave him hot drinks, dressed his wound, and gave him medicine. He

told us, too, when he became sane again, of a woman who had run nine squares and then strode a cable to safety. Fired by her example, some men followed her on to the wire, got out half the way, tired, and stopped, and then went on.

"Meanwhile, the fear of fire was over us. We were near enough to see the blaze, it wasn't more than three or four blocks from us. With the levee bursting our patients had all run, even the ones that were illest. One woman had a wee babe, she was not fit to go, but go she did! Only the doctors and we nurses of the City Hospital at last remained.

"By and by, patients came in and we girls had our hands full. Six men stood about us, taking off their wet clothes till stark naked, and rambled about thus, not conscious of what they were doing. They had become maniacs almost by the fright. But just as soon as they were over this fright they were ready to go on.

"Soon our station became one of the most important of the flood-belt.

"We were made a food-relief-station, too, and men brought in bread, hot coffee and the like. Had we only had heat we should have been perhaps the greatest station outside the Cash. There was a drug store near us, and the man told us to take what we wished, and he gave us especially valuable thermometers and whisky. Some men, you know, are so accustomed to this last, that, given their daily drachm, they can go on anew."

Miss Colvin is a Lexington (Ky.) girl, and she avers it was good Kentucky whisky that they served.

"We thought we would get a great number of pneumonia cases," she says, "from among the folk frozen on the roofs in particular. It was so bitterly cold!" and the tall, sweet, young nurse dropped her eyes to hide her tears.

"We stayed up there until Friday, when we were given relief," she concluded. "I was recalled to Cincinnati to attend an operating case, and as, by and by, nurses from all over the United States were coming in, it was believed best that we, who had had the worst brunt, be relieved for a time, and we came home."

Miss Colvin was resting at the Red Cross headquarters in Cincinnati where Miss Ricker is in charge of flood-relief for the vast region—when we saw her. However, her nursing-case was handy and so soon as her strength has returned she will be back, no doubt, aiding the flood-stricken.

The greatest devastation and misery has been occasioned by the terrible floods in Ohio and other States. Miss Delano has gone to the flooded districts in charge of ten trained Red Cross Nurses, where their services are proving of the utmost value, as much sickness has supervened from shock and destitution.

OUTSIDE THE GATES.

We regret that, owing to the space given to the full report of the Deputation to the Prime Minister, we have been compelled to omit some of our usual sections.

COMING EVENTS.

April 30th and May 1st.—Nurses' Missionary League. Missionary Exhibition, Holborn Hall, 9.30 a.m. to 9.30 p.m.

May 8th.—Society for State Registration of Nurses: Meeting Executive Committee to receive a Report on the Deputation received by the Prime Minister to ask for facilities for the Nurses' Registration Bill in the House of Commons.

May 8th.—Women's League of Service. Public Meeting to urge the National Importance of the Care of Motherhood. Kingsway Hall. 3 p.m.

May 13th, 20th, 27th, and June 3rd and 10th.—The Infants' Hospital, Vincent Square, S.W. Lectures on Babies, by Dr. Ralph Vincent. 3.30 p.m.

May 14th.—Irish Nurses Association: Lecture by Dr. Maunsell on "Seemingly Trivial Symptoms, which may indicate Serious Disease."

May 21st.—Alexandra Hospital for Children with Hip Disease, W.C. Linen and Clothing Fund. Annual Meeting, 3.30. Tea and coffee in the Wards, 4 p.m.

May 22nd.—Meeting Central Midwives Board, Caxton House, S.W.

May 24th.—Matrons' Council of Great Britain and Ireland: Quarterly Meeting, 431, Oxford Street, London, W.

TWO PRAYERS.

Only for these I pray,

Pray with assurance strong;

Light to discover the way,

Power to follow it long.

Let me have light to see;

Light to be sure and know

When the road is clear to me,

Willingly I go.

Let me have power to do,

Power of the brain and nerve;

Though the task is heavy and new,

Willingly I will serve.

My prayers are lesser than three,

Nothing I pray but two;

Let me have light to see,

Let me have power to do.

—CHARLOTTE PERKINS GILMAN

in *The Forerunner*.

A WORD FOR THE WEEK.

Kind hearts are the gardens,

Kind thoughts are the roots,

Kind words are the blossoms,

Kind deeds are the fruits.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

THE PRICE OF PROFESSIONAL PROBITY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Indeed the mighty are fallen, when a tradesman dare offer nurses One Penny to recommend his goods, and at the same time betray professional confidence. But really it is not so surprising when one sees the type of woman who now wears uniform and calls herself "Nurse."

If trained nurses more keenly realized that only State Registration will enable us to purge the profession of these undesirables and to raise nursing and nurses once again to the place once occupied in the regard of the public, they would understand the personal advantage it would be to render more help to you in the fight you have waged so unremittingly for so many years.

Sadly one must admit such insults are the result of the indifference of the rank and file to their best professional interests. Unfortunately the upright and honourable women in the profession suffer most keenly and the best women do not now take up nursing as their life's work.

I remain,

Yours truly,

MARY BURR.

Villa Valaisanne,
Montreux.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read Miss Rider's letter in your last week's issue with much indignation. It seems almost incredible that any firm should have the audacity to send such printed matter around to trained nurses. Of course, any nurse receiving a free ticket of admittance to the Nursing and Midwifery Exhibition with the other enclosures would imagine the firm had some official connection with it. Surely the matrons who have given their names in support of this Conference will make some objection to the proceeding—and protect the profession from such insults. To be offered a penny commission for giving private information to tradespeople concerning private patients and their most sacred and intimate family concerns, is nothing short of an outrage, not only on professional honour, but upon decency. One realises from this occurrence how careful professional women should be where trade and professional affairs come into touch—and they have no right to give their names in support of movements well known to be run by commercial newspapers for profit, and for no other purpose. The exploitation of nursing and nurses should not be supported

by those who hold official nursing positions as the rank and file are the ultimate sufferers.

Yours truly,

H. HAWKINS.

New Southgate.

NURSES PLEASE SPEAK OUT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I for one beg to thank Mr. White for his letter drawing the attention of nurses to "A Bill to Amend the Law with respect to Bankruptcy and Deeds of Arrangement," and for pointing out how unjustly nurses' claims are ignored in the Bill. I can speak with feeling, as, during my private nursing career, I and other nurses I know have lost fees entirely after weeks of hard work. But I fear, unless you rouse us up on the subject, not a word of protest will be made in our favour. These are the sort of questions which might well arise in our Dublin Conference under "The Law as it Affects Nurses." Perhaps by then the Bill will have become law, and, as usual, we nurses shall be out of it again.

Yours truly,

MEMBER R.N.S.

THE MOTOR-CAR NURSE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—We often hear nurses called "mere machines," but it remains for a Matron to suggest, as reported last week, in her scheme for registering Hospital Certificates, "that some such system would be adopted as is in use for the identification of motor-cars." Are we nurses responsible human beings, or are we not? The manner in which our intelligence and sentiments are ignored and insulted by the anti-registration people makes one wonder sometimes if we are constructed of wood or stone.

Thank you for drawing the attention of the profession to the dangers of this "Anti" scheme. Whoever may have read the paper at the Conference in London, we can guess who inspired it, and beware of it in consequence. I for one do not intend to be legislated for as if I was a motor-car, and I shall look for further guidance from our invaluable B.J.N. on this question. Whenever I note the proprietary nursing press advocating a special line of legislation for nurses I am warned off.

Yours gratefully,

A FLESH-AND-BLOOD NURSE.

OUR PRIZE COMPETITIONS.

May 10th.—What complication is most to be feared in diphtheria? How would you guard against it?

May 17th.—What is the chief danger in measles?

May 24th.—What are the signs before delivery that the child's life is in danger? What would you do in such a case?

May 31st.—Say what you know about epilepsy and its treatment.

The Midwife.

THE MIDWIFERY CONFERENCE.

INFANT FEEDING IN MIDWIFERY PRACTICE

Dr. Annie McCall presided on Wednesday evening, April 23rd, at the Session of the Midwifery Conference at the L.C.C. Technical Institute, Vincent Square, S.W., when Dr. Eric Pritchard was the first speaker and took for his subject "Infant Feeding in Midwifery Practice." Dr. Pritchard remarked that midwives did not see the result of their work, they would be surprised sometimes to know what was said of them. If a baby threw the mother kept the credit, if the contrary, she referred the blame.

All parties would benefit very materially if midwives could follow up their cases in Infant Consultations. During the first few days of life infants formed habits which were apt to remain permanently stereotyped. Symptoms were not always manifest immediately. A large number of infants were what their mothers termed "beautiful born," but they then went slowly downhill. An infant almost invariably lost weight in the first few days because it passed meconium and urine, and this was not made good by what it imbibed, for at first the mother's breasts were only capable of secreting a few drachms of colostrum. The colostrum was a ready-made food, which could be absorbed straight away, but it should be remembered that the colostrum of a wet nurse did not bear the same relation to the infant as that of the mother. It might even act as a poison. If these matters were better understood we should not so often see a child supplied with foreign bodies acting as poisons. Thus if a poison were put into the stomach of an individual and absorbed it acted as a poison, but if broken up and digested it might act as a food. If an infant were taught in the right way it would soon learn to digest its mother's milk. The colostrum which was practically the blood plasma of the mother, was absorbed right away. Slowly and gradually the supply changed to milk. New proteid bodies must then be broken up, and this was within the infant's power, but it was different in the first ten days of life the lesson was made too difficult. The whole capacity for learning was then upset. No new-born baby should under any circumstances be given cow's milk in its natural state, it must be predigested; at first completely, for forty-five minutes, with Benger's Liquor Pancreaticus, then for a shorter time, say one minute less every day until in thirty days the time was reduced to fifteen minutes.

Dr. Pritchard advocated supplementing the mother's milk if this falls short by peptonized milk, and thought that if this method were followed

the baby would seldom be condemned to artificial food.

The speaker suggested the test-feed in order to ascertain whether the baby was getting enough nourishment or whether supplementary feeding was necessary.

In reply to a question from Miss Elsie Hall, Dr. Pritchard said that in district work he would recommend whey or ordinary condensed milk to supplement a deficiency in the maternal supply.

THE MIDWIFE TEACHER.

Miss Elsie Hall presented the next paper, the subject being "The Midwife Teacher." What, she asked, was expected of the midwife who signed forms 3 and 4 of the Central Midwives Board? She merely had to certify that, under her supervision, the pupil had attended and watched the progress of twenty labours, personally delivering the patients, and that she had nursed twenty lying-in women during the ten days following labour. There was nothing in the authority given her to suggest that she was in the office of teacher. Yet, let pupils go up for the examination of the Central Midwives Board with only the teaching they received from doctors and see what happened. Good work was being done by midwives approved to sign forms 3 and 4.

Miss Hall advocated that midwives taking pupils should be required to produce some certificate, or proof of their capacity to teach, and suggested an examination and supplementary certificate for teachers of midwifery.

THE MIDWIFE AS SUPERVISOR AND COACH.

Miss M. O. Haydon followed with a paper on "The Midwife as Supervisor and Coach," and affirmed that she should produce proof of ability before being permitted to coach a pupil midwife. "The one who teaches, and practically the midwife is the teacher, should know far more of her subject than she teaches and should therefore be required to pass an examination in advanced theoretical knowledge. She should know how to demonstrate and teach. With a few rare exceptions this is an art to be learnt, not a natural gift."

Miss Haydon remarked that the ignorance of some pupils was often astounding. Some hardly knew how many ounces there were in a pound, and it was a work of great patience to drill in that eight drachms made an ounce, and to teach them to read a thermometer, or to count a pulse correctly.

The Supervisor knew, as no one else knew, that a three months' course on a district was absurd for pupils of this class. It was too great a responsibility on teacher and taught. It was a mere "cram" from beginning to end. If the pupil had the luck to fall into the hands of a

benign examiner who had no exalted standard for a midwife, she might gain her certificate, but it was ill gotten, for the mass of knowledge rapidly and ill-assimilated would be readily forgotten, and unless she happened to be a very exceptional woman the "little knowledge" would prove a "dangerous thing."

In regard to the midwives as supervisors the speaker said that the personal factor played a considerable part. They signed the pupil as having conducted and nursed her cases to their satisfaction, the degree of efficiency that satisfied the various supervisors varying very greatly. A pupil who could not keep her hands surgically clean in conducting a delivery was no phenomenon. That was a point which needed inculcating at every delivery. She would rather a patient delivered herself without assistance than be delivered by a pupil whose hands were not surgically clean.

The work of supervision was no sinecure. It needed the vigilance, persistence, and resource of a Suffragette, the enthusiasm of a Florence Nightingale, the devotion of an Elizabeth Fry, the understanding of an Elizabeth Barrett Browning, and the patience of a mother. Supervisors should set before themselves high ideals and agitate for larger opportunities and wider education for pupil midwives.

In regard to the midwife as coach, Miss Haydon pointed out that this was often a self-imposed task, as the only responsible teacher was the medical man approved by the Board. Midwives attached to training schools were generally given a capitation fee for coaching, which was only just.

The coach was to-day merely a "crammer." There was no help for it unless the present ridiculously short period of training were lengthened but midwives acting as coaches should see to it that they did their part in keeping up to date, and developing the reasoning powers of their pupils, in stimulating them to scientific study, in raising the standard of their profession, and in reducing human suffering and misery.

OPHTHALMIA NEONATORUM.

On Thursday afternoon, April 24th, Mr. Bishop Harman, F.R.C.S., gave an address on "The Ophthalmia of the New Born." Miss Macdonald of Salford presided.

The speaker said that of 12,000 children born in London the eyes of one in every hundred are affected, and one in every thousand damaged by this disease. He pointed out that ophthalmia neonatorum was not due in all cases to venereal disease in the parents, though this was so in much the greater proportion of cases.

If pus appeared in the eye or eyes of a newly born babe, it was the duty of the midwife to obtain medical treatment without delay. She should also remember that it was very contagious and could be contracted either by the midwife herself or other members of the family. The speaker mentioned one case in which the eyes of a mother,

the baby, and three other children were affected, and the girls had vaginitis as well.

The disease could be dealt with in two ways, by prevention and by prophylaxis. In this connection it should be remembered that the baby's towels must be kept separate, and the mother's towels. Credé method, as used in the lying-in wards at Leipsic was described, the speaker reminding his audience that silver nitrate had an irritating effect on the eyes.

Treatment consisted of washing out the eyes frequently and repeatedly, and the Medical Officer of Health should be notified. The speaker looked forward to the time when every case would be removed to hospital, in the first place because the child's eyes needed constant attention day and night, and in the second because the mother usually needed treatment also.

VENEREAL DISEASE.

Dr. J. S. Fairbairn gave the second lecture of the session, the subject being "Venereal Diseases," which he sub-divided into the three classes of gonorrhœa, syphilis, and local ulcer or soft sore. He described gonorrhœa as principally a local infection, in women of the vagina, cervix, and deep glands. It might spread to the uterus, and up to the Fallopian tubes, and so to the abdominal cavity, giving rise to abscess. It was a serious disease in women, and might cause sterility. It did not, however, get into the blood or be passed on from one generation to another.

Describing syphilis, the lecturer mentioned the difficulty of recognition in a chronic stage. When it was acute and recent there was no difficulty whatever about it. It caused a general constitutional disturbance, but infection did not show itself for three or four weeks.

The speaker emphasised the importance of prolonged treatment for the cure of syphilis, and the difficulty of getting patients to present themselves for it when the acute symptoms had subsided. At least two years' treatment was necessary to be effective.

THE LONDON COUNTY COUNCIL.

The Midwives Act Committee of the London County Council have elected Mr. L. Courtauld to be their chairman, and Dr. Annie McCall to be their vice-chairman for the ensuing year.

The Committee has reported to the Council that in December last they reported to the Central Midwives Board that a *prima facie* case of malpractice, negligence and misconduct had been established against a midwife pursuing her calling within the Administrative County of London. At the next penal meeting of the Central Midwives Board the name of the midwife was removed from the Roll.

Legal proceedings were instituted against a woman for habitually and for gain practising midwifery contrary to the provisions of the Midwives Act, and a conviction secured.

THE CENTRAL MIDWIVES BOARD.

A special meeting of the Central Midwives Board was held at Caxton House, Westminster, on Thursday, April 24th, Sir Francis Champneys presiding, when charges alleged against ten midwives were heard with the following results:—

STRUCK OFF THE ROLL AND CERTIFICATE CANCELLED.

Emma Dickson (No. 22,281), Anna Hobbs (No. 11,930), Nancy Sheldon (No. 2,856), Esther Tiley (No. 20,696), Elizabeth Ann Wood (No. 6,334).

CAUTIONED.

Emma Josephine Chapman (No. 21,390), Lydia Edwards (No. 4,561), Edith Elizabeth Tripp (No. 6,453).

In two cases judgment was postponed until the meeting of the Board after a report had been received in three months' time from the local Supervising Authority.

EXAMINATION PAPER.—APRIL 22nd, 1913.

1. What are the causes of delay in occipito-posterior presentations? How may they terminate in the absence of assistance?
2. What injuries may occur to the mother during delivery? How are they caused, and how may any of them be avoided?
3. Describe exactly how you examine the afterbirth. Why is this examination important?
4. What is cystitis? How is it caused? What are its symptoms?
5. Describe exactly the daily routine of breast-feeding in a primipara.
6. What are the duties of the midwife under the Rules with regard to the dangers of carrying infection to a patient?

INFANT CONSULTATIONS.

The Association of Infant Consultations and Schools for Mothers, an organisation now eighteen months old, which links up nearly 100 societies of this kind throughout the Kingdom held its Annual Council Meeting at the Royal Horticultural Hall, on the last day of the Nursing and Midwifery Conference and Exhibition. The room was crowded with doctors, nurses, and other delegates who had come from Scotland, Wales, and all parts of England and the Metropolis, eager to learn from one another and more particularly to hear the debates on Mrs. Naish's paper on breast-feeding, and Mrs. Hope Gordon's on the scope of medical aid to be afforded in connection with infant consultations. Mrs. Naish, whose work is well known in Sheffield, brought not only a doctor's knowledge and experience to bear on her subject, but also that of a mother of five breast-fed children, and the result was a masterly exposition of all that pertains to maternal lactation. Her paper was so full of the most valuable, original, and scientific information that it is satisfactory to know it is shortly to be published and given that wide circulation among nurses, midwives and doctors it so richly deserves.

THE SICK ROOM HELPS SOCIETY AND NURSES' HOME.

The report of the Sick Room Helps Society, which is doing excellent work amongst the members of the Jewish Community in the East End of London, states that 1912 has been a year of new and grave responsibilities, of successful endeavours. It has been a year of good work, well and cheerfully carried out. With the year 1912 the work in the Maternity Wards at 24, Underwood Street commenced. Eighty mothers and eighty-two babies have been nursed in the wards.

In regard to the training of midwifery and maternity pupils the report states that probationers for midwifery training have every opportunity of acquiring a thorough knowledge of their profession in the wards, under the careful guidance of the Matron and Ward Sister. This affords a unique opportunity for Jewesses desirous of training for maternity work. One probationer has obtained the Central Midwives Board Certificate, and at the present time two midwifery pupils and one maternity nurse are in training in the Sara Davis Wards. The maternity nursing in the district, which is essentially Sick Room Help work, again shows an increase in the number of cases nursed.

POST-GRADUATE COURSE FOR MIDWIVES.

During the last week in May there will be a post-graduate course at the General Lying-in Hospital, York Road, Lambeth, open to all midwives. Tickets of admission, price 5s., and further information may be obtained from Sister Olive (Miss M. O. Haydon) at the hospital.

FREE CHOICE FOR PATIENTS.

The National Association of Midwives, of which Mrs. Lawson is President, have circularised the Secretaries of Trade Unions on the subject of the position of the midwife under the National Insurance Act, and reprinted a correspondence which appeared in this journal between Miss Amy Hughes and Sir Robert Merant. A circular has now been issued by the General Federation of Trade Unions stating that "To remove misapprehensions, secretaries should explain to their members that the Insurance Act allows the choice of either a duly qualified midwife or doctor, and that it is in no sense compulsory to call in the latter, except where complications arise."

THE MIDWIVES' SECTION OF THE I.N.A.

In connection with the newly-formed midwives' section of the Irish Nurses' Association, it is proposed that lectures shall be delivered on the National Insurance Act, on contracts, and on special subjects dealing with midwifery and maternity nursing. Midwives in Ireland should certainly take the opportunity of associating themselves together for professional purposes, remembering that union is strength.

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EDITORIAL.

CRAMMING.

The legitimate function of examinations in nursing and kindred subjects is to test the knowledge of candidates after a sufficient period of theoretical instruction and practical experience, the former affording a grounding in the principles underlying the practice of the art necessary for an intelligent grasp of the subject and its application, while skill in the performance of practical details can only be gained by their constant performance under expert supervision; both are therefore essential to the production of the finished and highly tempered article.

The illegitimate use of examinations is to regard them as the end, instead of as a means to an end—namely, the testing of knowledge. It is quite possible, as every one is aware, to “get up” a subject in a short time sufficiently to pass muster with examiners, and gain a given certificate, if that is the object of the candidate. But the knowledge so acquired may be as quickly forgotten when the certificate is gained, in which case the examinee is left with the barren satisfaction of possessing documentary evidence testifying to her possession of knowledge which, as a matter of fact, has been quickly lost.

The aim of all examiners should be to make this “cramming” impossible, and with this object the testing of practical work in any examination into the knowledge of nurses should be very thorough, for in no science or art is the old proverb more true that “practice makes perfect.” This part of the examination should therefore be conducted by trained nurses, themselves expert in details which make for perfection.

It is worthy of note that several speakers at the recent Nursing and Midwifery Conference commented on the short term of training and consequent cramming entailed

in branches of work in which they were specially interested. Both Miss M. O. Haydon and Mrs. Parnell deprecated the short term training in the case of midwives, Miss Haydon pointing out that, with the usual three months' course, the position of midwives undertaking the practical instruction of pupils was inevitably that of crammers, and Dr. Hawkes said much the same in regard to the teaching of massage, strongly advocating that a longer course of study and practical work should be required of candidates for the examination of the Incorporated Society of Trained Masseuses, and stating that it is impossible for the average pupil to assimilate and retain the knowledge required of her. In each case a three months' course is all too short in the case of a trained nurse taking these specialities as post graduate courses, and when the pupil has no previous knowledge of anatomy and physiology, or of practical nursing, it is absurdly inadequate. The whole three months is needed for the assimilation of knowledge concerning the special branch under consideration.

It may be “crammed” in three months sufficiently for pupils to pass muster with examiners, but no one knows better than those who have prepared the pupils, and, as successful coaches can show a long list of pupils passed, the unsatisfactory nature of that success.

Now that this country is apparently at last desirous of improving its educational methods let us hope that the quality of nursing education will receive consideration, and that thoroughness, not a mere smattering of superficial knowledge will invariably be required of pupils in both general and special branches of nursing. As Miss Huxley rightly stated to the Prime Minister recently, our profession needs quality as well as quantity, if it is to be really helpful to the profession of medicine and to the public.

THE WARFARE AGAINST TUBERCULOSIS.

At the end of last year Professor Metchnikoff, of the Institut Pasteur in Paris, delivered in London the Lady Priestley Memorial Lecture for 1912, instituted by the National Health Society, on "The Warfare against Tubercle." The lecture, which was delivered in French and was a brilliant survey of the whole question, has now been translated into English by Sir Ray Lankester, K.C.B., F.R.S., and was published in a recent issue of *Bedrock*, a quarterly magazine published by Messrs. Constable & Co., Ltd., who secured it exclusively. They have now published it as a pamphlet, in which form it should be widely read. We commend it to the notice of nurses, who are taking an active and honourable part in the warfare against tuberculosis.

Discussing the former views as to the nature of tuberculosis, the lecturer showed that "whilst in countries in which medical science is cultivated the conviction existed that tuberculosis in its most important form, pulmonary phthisis, was a disease of the nutrition of the organism, in certain southern countries there was a persistent assertion that it was, on the contrary, a contagious malady, using that term in the same sense as that in which it is applied to infectious diseases properly so called. Thus it is that in the eighteenth century at Naples they were accustomed to burn things which had been used by tuberculous persons in consequence of the fear of contagion.

"Thus we find two currents of opinion. In the countries where tuberculosis is frequent, its contagious character is not admitted, whilst in the countries where this disease is rare, the population is firmly persuaded that the disease can be contracted easily by healthy persons coming into the neighbourhood of those affected by the disease."

THE BACILLUS OF TUBERCULOSIS.

It is now a matter of common knowledge that "it is to Robert Koch that we owe the discovery of the bacillus which bears his name, and is undoubtedly the agent which engenders tuberculosis.

"It is now thirty years since humanity learned for the first time of the existence of this bacillus, which is its most redoubtable enemy. Since then it has been studied from every point of view. We know minutely its construction, also its chemical constituents. It has been found to be clothed with a membrane impregnated with wax, which enables us to differen-

tiate the tubercular bacillus from its surroundings by staining it. . . . The discovery of Koch has become the basis of all our scientific and practical knowledge of tuberculosis. . . . The contagium is the *Bacillus tuberculosis*, and there is no longer any doubt of it. During the long years which have followed since this discovery the view has been firmly held that there exists in nature but a single "tubercle bacillus" capable of giving the disease to man and to a great number of other species of animals, among which there are several domesticated animals. But little by little, thanks to profound study of the matter, several species or races of tubercle bacilli have been distinguished."

It will be remembered what a profound sensation was made at the International Congress on Tuberculosis in London in 1901 when Professor Koch announced his belief "that the bacillus of tuberculosis of mammals, notably of cattle, presents so little danger for man that it is not worth while to take vigorous measures against its propagation, an incalculable number of investigations have been carried on in regard to the question thus raised. It has been established that the bovine bacillus, whilst far from being inoffensive for man, is, nevertheless, much less dangerous than the bacillus of human tuberculosis. . . . It is, then, man himself who must be considered as the principal source of this disease in his own race, a fact which does not render it unnecessary to take preventive measures against bovine tuberculosis and against the milk of tuberculous cows."

THE RESISTANCE OF THE BODY TO THE ATTACK OF KOCH'S BACILLUS.

A most interesting and lucid description is given of the way in which the human race has managed to preserve itself, although surrounded on all sides by the tubercle bacilli.

"In what does the resistance of the organs of men and of animals against the tubercle bacillus consist?

"After having penetrated into the organism, this bacillus sets up, or provokes, an intense irritation on the part of the mobile cells. These surround it on all sides, imprison it, and hinder it in its growth. A regular fight is established between our greatest enemy, which is the bacillus of Koch, and the defenders of our body, the phagocytes. These, after having engulfed the bacilli, put all their powers into activity in order to destroy them. One of the means which they employ to attain this end consists in the fusion of certain numbers of the cells, their common action being more efficacious than that of each cell operating by itself.

"That is the explanation of the formation of the giant cells which played so important a part in the diagnosis of tubercular lesions before the discovery of the bacillus. This, also, is the explanation of the fact which formerly appeared paradoxical, namely, that the giant cells are not peculiar to tuberculosis, but are found also in other cases when the organism has to react against the introduction of foreign bodies. When the fight of the giant cells is approaching victory, the tubercle bacilli, which are in their interior, undergo a series of modifications, and end by dying."

Professor Metchnikoff emphasised the importance of establishing everywhere, following the example of the Brompton Hospital, special hospitals for those active cases of tuberculosis in which the bacilli spread from the patient with great facility. "The isolation of the principal source of tuberculous contagion, namely, the tuberculous man, would necessarily lead to a notable diminution of the great pest."

The lecturer further drew attention to the immunity attained by natural processes of which man is unconscious, which must be discovered and encouraged, and suggested the possibility that it is the bacilli of the bovines which vaccinate men against the human bacillus. He also pointed out that "there exist in man, besides virulent bacilli, attenuated bacilli of the human type possessing several degrees of attenuation of virulence. It is amongst these bacilli that we must seek, and that we are seeking, for the natural vaccine of tuberculosis. Another source of natural immunisation is possibly to be found in the bacilli coming from pulmonary tuberculosis, enfeebled by a sojourn outside the animal body under the influence of air and light." He endorsed the opinion of Roemer that the considerable diminution in the mortality from tuberculosis is due to a great extent to the progressive natural vaccination of the population, and concluded on an encouraging note. "To arrive at the definite solution of the problem much remains to be done, both in the laboratory and in medical practice. The progress accomplished up to the present justifies the hope that in the not far distant future the great animal *Homo sapiens* will triumph over the microscopic plant *Bacillus tuberculosis*."

THE SPEZIA HOSPITAL.

We are sorry to learn that the opening of the new hospital at Spezia, to which Miss Violetta Thurstan was recently appointed Matron, has been delayed for several months, owing to the building having not yet been completed.

OUR PRIZE COMPETITION.

WHAT COMPLICATION IS MOST TO BE FEARED IN DIPHThERIA? HOW WOULD YOU GUARD AGAINST IT?

We have pleasure in awarding the prize this week to Miss Elizabeth Martin, Royal Infirmary, Halifax.

PRIZE PAPER.

Diphtheria is a specific form of laryngitis, due to infection by the Klebs Loeffler bacillus.

Symptoms.—The illness begins with shivering and sore throat, and in children sometimes with vomiting. Greyish white patches appear on the tonsils, which may spread over the uvula and soft palate. In nasal diphtheria, when the membrane extends into the nostrils, the disease is considered severe and dangerous.

The temperature in diphtheria runs a very irregular course; its height is no indication of the severity of the attack.

In moderate cases the general symptoms are usually well marked, accompanied by prostration and weakness.

In severe diphtheria death may occur in a few days from great depression and prostration of strength.

Complications.—A common complication of diphtheria is paralysis. Often the first signs noticed are the regurgitation of fluids through the nose, or a nasal character in the voice, or weakness in the muscles of the legs and back, or perhaps squinting.

Paralysis may be slight or limited, or it may invade many of the muscles of the body.

Warmth, massage, and attention to the general health of the body will greatly aid recovery. The most scrupulous watchfulness is necessary during the whole nursing of the disease. Diphtheria patients must never be left alone, and during convalescence when they are walking—or, in the case of children, when they are running—about, close watch should be kept for the dragging of a foot, which may be the first symptom of fatal paralysis. Death may occur in the first few days from the intense virulence of the poison, or from exhaustion, in cases where the heart muscle is paralysed; or from failure of the heart muscle when that organ is seriously affected by the toxins of the disease.

The complication most to be feared in diphtheria is cardiac failure. To guard against this, keep the patient absolutely at rest—avoid all exertion of every possible description; the patient *must not* be allowed to raise himself in bed, or even to feed himself (even in a very mild attack) for at least three weeks or until the doctor gives permission.

Move the patient very carefully from side to side, using the same method also for changing the bed.

Great care, patience, and tact are required on the part of the nurse to keep a child who feels well quite quiet and recumbent.

Treatment of Cardiac Failure.—For this, the most dreaded and fatal complication, but little can be done. Still, every effort must be made to keep the failing heart going; keep the patient quite flat, remove all pillows, and, if necessary, raise the foot of the bed.

Apply hot bottles and blankets, and give stimulant (brandy), and if the doctor is not at hand an injection of ether may be administered in an emergency.

Hot fomentations may also be applied over the region of the heart, and do all in your power to restore animation, but keep your patient perfectly quiet.

HONOURABLE MENTION.

The following competitors are awarded honourable mention:—Miss H. Scott, Miss S. Simpson, Miss E. D. Brand, Miss E. Marshall, Miss A. J. P. van Scherembeck, Miss J. G. Gilchrist, and Miss M. Spencer.

Miss H. Scott writes: Heart failure is the most fatal complication, and is one of the great disappointments in nursing a case of diphtheria; showing itself, for the most part, in those who have suffered from a severe form of the disease, with much membrane, profuse nasal discharge, and marked gland swellings, the first symptom is vomiting, which quickly becomes incessant. Combined with it, and sometimes preceding it, is either a marked slow, or excessive quickening of the pulse. Also the patient becomes restless, his breathing distressed, with some pallor of face, or cyanosis. He quickly becomes cold and collapsed, often dying within forty-eight hours, or sometimes lingering on for a week or longer. On the other hand, he may die suddenly.

Paralysis, when it occurs, as a rule comes on about the end of the second week, though it may appear much later, even in the last stage of convalescence. The disturbance of cardiac function and paralysis is due to septic infection of the blood, caused by the toxin produced by the bacteria circulating in the blood stream, which may set up degenerative changes in the heart muscle and poisoning of the nerve centre, from which arises the cardiac nerve, "the vagus," thus causing the inhibition of the latter. The nursing of diphtheria calls for special care and keen observation, as one can never be sure what is going to happen. The patient must be confined to bed, be constantly

kept in the recumbent position. . . . Sitting up suddenly, or too soon, might bring on a fatal symptom, especially when there is reason to fear heart complications.

Miss Emily Marshall points out that the complications and sequelæ of the disease may be very serious; one of those most to be feared is asphyxia. A patient may be suffocated at any moment, and if symptoms of asphyxia appear the operation of tracheotomy may be immediately necessary to save the patient's life.

QUESTION FOR NEXT WEEK.

What is the chief danger in measles?

THE DUBLIN NURSING CONFERENCE AND EXHIBITION.

All the invited speakers have now been arranged for the National Council of Nurses Conference, organized in part by the Irish Nurses' Association, to be held in Dublin from June 4th to 6th. The reception of members will be held in the Royal College of Surgeons of Ireland on the evening of the 3rd prox.

Much of the programme was published in our issue of April 19th last, but there were then a few invitations awaiting convenient replies.

We have much pleasure in announcing that Mrs. Strong, President of the Scottish Nurses' Association, and formerly for so many years the well-known Matron of the Royal Infirmary, Glasgow, will open the discussion on "The State Registration of Nurses," and it will be acknowledged that no one has a better right to express a well-considered opinion on this all-important question.

Miss S. Grace Tindall, President of the Trained Nurses' Association of India and Lady Superintendent of the Cama Hospital, Bombay, will open the discussion on the "Legal Status of Midwives." Miss Tindall, who is home on leave after five years' most arduous work in India, will be specially welcome at the Conference.

The Reception to be given by the Irish Nurses' Association at the Royal College of Surgeons, St. Stephen's Green, on the eve of the Conference, is expected to be very influentially attended, as both the Councils of the Royal Colleges of Surgeons and Physicians of Ireland have given most courteous support to the Irish Nurses' first Nursing Conference, in permitting the use of their historic halls for the purpose.

Whether in costume or not, we shall all feel impelled to make our bow to the beautiful

Hygeia, who, surrounded by the Elements—Earth, Air, Fire and Water—will receive the homage of those who have tended the sick in past ages. The Procession is being organized by Miss Macnie, Miss Patten, and Mrs. Webster.

The committees of arrangement wish it widely known that nursing uniform is permissible on all occasions—not only at the Conference, but at every social function. This decision is a wise one, as it minimises personal expenses and waste of time, and when worn in a professional manner—that is, with exquisite cleanliness and beautiful neatness—no costume can be more becoming.

TICKETS.

As the National Council of Nurses, and, indeed, we may sadly add, few Nurses' Associations have sufficient funds to finance their work, our usual financial arrangement of each member paying her own expenses will be followed, and tickets can be obtained on arrival in Dublin from the Hon. Secretary, Miss Carson Rae, at the Nurses' Hostel, 34, St. Stephen's Green, where a Rest Room and Toilet Room will be available during the Conference. The cost of tickets will be: For Conference and Exhibition, 3s. June 4th, for Abbey Theatre, Living Pictures on Nursing History, and a real Irish Play, 2s. 6d. and 5s. June 5th, Garden Party and Tea at the Zoo, 2s. Banquet, 10s. June 6th, Drive through lovely Wicklow scenery to Glendalough and luncheon, 10s. Tea at the National Consumption Hospital, Newcastle, by kind invitation of the Governors, and back by Newtown Mount-Kennedy.

Shorter drives through beautiful scenery, 2s. 6d.

THE EXHIBITION.

The Nursing Exhibition will be arranged at Mills Hall, Lower Baggot Street, about five minutes' walk from the Royal College of Physicians, which is in Kildare Street. We are glad to know that there is every hope that the First Nursing Conference ever held in Ireland will be a great success. It remains for Irish Matrons and nurses to make it so. We hope they will attend from all over Ireland in large numbers, and give the Conference the support of their presence, interest, expert knowledge, and eloquence. Of their kindness and hospitality we are already well assured.

HOTELS AND TARIFFS.

Miss Carson Rae sends us the following list of hotels where those who are not staying with friends will receive comfortable accommodation:—

Private Hotel, 65 and 66, Harcourt Street.—Bed and Breakfast from 3s. Inclusive daily terms from 5s. Weekly terms from 30s.

Kilworth House, Molesworth Street.—7s. 6d. a day.

Hotel Russell (Temperance), St. Stephen's Green.—6s. per day.

Ivanhoe Hotel, Harcourt Street.—6s. 6d. per day full board, double room; 7s. 6d. per day single room.

The Shelburne Hotel, St. Stephen's Green, is the leading Dublin hotel, where some members may wish to stay. As there is always a good deal of hospitality one way and another, and impromptu arrangements about meals at our Conferences, it is not always convenient to be tied down by *en pension* terms.

Further information can be obtained from the Hon. Secretary, Nursing Conference, 34, St. Stephen's Green, Dublin.

THE PREMIER AND NURSES' REGISTRATION.

In our last issue we published a full account of the Deputation to the Prime Minister, on Monday, April 28th, asking for facilities for the Nurses' Registration Bill, which has now been before Parliament for ten years, and which has been ignored by those legislators who profess that women's interests are quite safe in their keeping, and that they suffer no disabilities or injury from lack of citizenship.

A few editorial comments in this week's issue may be of interest.

THE PREMIER'S REPLY.

The most significant sentence in the reply by the Prime Minister to the well-reasoned speeches of experts was: "I do not profess to have a special knowledge of the subject under discussion, which raises important issues for the community at large, to which I am not indifferent." Those are the words registrationists must bear in mind in estimating the value of the advice the Premier offered to the twenty expert representatives of the affiliated societies, who not only profess, but have, a very special knowledge of the nursing question in all its issues for the community at large.

The issue is quite a simple one, and should be apparent to the Prime Minister of a Liberal Government. It is a just and reasoned demand upon the part of a large class of skilled women, whose work is indispensable to the public, for

just conditions—for a standard of professional education, a decent economic return, and legal status. As part of the State and necessary to its efficiency, the trained nurses of the United Kingdom claim from the State, and the Government which is responsible for its stability, provision by Act of Parliament for efficient equipment for the performance of their professional duties.

We know it is a question requiring very careful consideration; it is the duty, therefore, of those who make our laws to obtain special knowledge concerning our condition. This in all these years they have not troubled to do.

How otherwise could the Prime Minister have honestly said he had "no special knowledge" of the Nursing Question, which we have agitated most constitutionally for a quarter of a century?

Then we come to the advice given to the Deputation.

It amounts to this.

A few autocratic managers of voluntary charities, and the medical and nursing officers under their control, a mere fraction of interested people, who have absolute power over the workers they employ, oppose, as the majority of industrial magnates have ever opposed, the just demands for better conditions, some measure of self-government and State protection of the organized workers.

The Premier says in effect to a very dependant class—the trained nurses of the United Kingdom—annihilate the interested opposition of these wealthy and socially influential laymen, emasculate your conscientious demands until they approve of them—then, and not until then, will any Liberal Government give facilities for legislation; "if this were attained, you would have no more ardent sympathisers than the Government."

Are we as practical politicians to take such advice seriously?

Were the little sooty martyrs who climbed chimneys in the last century seriously advised to go to Master Sweep for redress? Had they been, is it presumable that brushes would have been substituted for boys—even unto this day? We doubt it. How about all our beneficent factory and industrial legislation and inspection in recent times? Were the men's Trades Unions referred to their employers and exploiters for redress? Those of us who have studied the history of such legislation are well aware that working men, with the clinching argument of the vote in hand, insisted that Parliament alone could and should deal with their demands. This question of Nurses' Registration has, after a quarter of a century,

been narrowed down to this fundamental demand, that as a class nurses, and the educational and economic standards of their work, shall not be left to the mercy of those who employ them. That it is the first duty of a sane Government to keep the balance of power between the worker and those who use their labour for profit, and moreover that it is the first duty of a human being to claim the possession of his own body and soul in so far as in him lies.

It is the first and last duty of government to maintain equity and justice in the body politic, and it is upon this fundamental principle that the demand for Nurses' Registration is based, and which we hope to impress upon His Majesty's Government, as it acquires "special knowledge of the subject."

THE AFTERMATH.

To judge from the enormous pile of newspaper cuttings to hand, the result of the Deputation was very satisfactory in so far as it broke down the boycott of the partisan anti-registration organs, and presented an opportunity for unprejudiced papers to place the truth before the public. Of course, Mr. Sydney Holland constituted himself the spokesman of the reactionary little clique he commands. He has had a happy time. Letters and pamphlets have been showered around, presumably at the expense of the charitable, whose subscriptions to hospitals the Central Hospital Council for London has taken power to use for the purpose. Incidentally, Mr. Holland in his communications to the press, has once more shown up the London Hospital Nursing Department in all its crude commercialism—a very canker at the heart of conscientious nursing aspiration. Once again Mr. Holland claims that his superficial short-term training produces the best results, because London Hospital nurses monopolise the seats of the mighty. We all know better than that by now, and have only to turn to Queen Alexandra's Imperial Military Nursing Service to realise that with Mr. Holland and other London Hospital influence on the Nursing Board, it is no difficult matter to foist into the three senior and most lucrative posts ladies holding the two years' certificate of training from the London, to the exclusion of highly qualified women from more thorough schools!

The Nursing Profession needs State Registration for many reasons, but it needs it primarily, at the present epoch, to excise the canker which poisons its life's stream; government through social influence, and promotion by patronage instead of for merit.

THE NURSES' MISSIONARY LEAGUE.

THE EXHIBITION.

At the Missionary Exhibition held by the Nurses' Missionary League at the Holborn Hall on April 30th and May 1st, the special features of interest were the Indian Zenana, African Hut, and the Chinese House containing two beds with real Chinese pillows and two little patients appropriately dressed in Chinese costume. Other stalls contained curios from Ceylon, Moslem lands and South America, drugs used by native doctors in India and China, and models of mission hospitals at Bannu and Palwal. The "Nurses' Missionary League Stall" contained specimens of literature published by the League, and a series of photos taken at the summer camps held each year since 1907, as well as postcards showing the house at Sandsend where the next Camp is to be held from June 14th to 28th this year. Two maps were also displayed, one of the British Isles showing the branches of the League, and another of the world, with scarlet flags to denote the stations where 212 N.M.L. members are working in the mission field. The missionary interest of the members was also shown by the series of photos and curios showing the Mission Hospitals in which beds are supported by the "Our Own Missionary Fund." Vivid touches of colour were lent to the Hall by the foreign dresses of some of the helpers, including Chinese, Indians, West African, while much interest was aroused by the South American Indian, and the Moslem lady in her long white *bukha*.

Throughout the two days short addresses were given at intervals. One of the principal speakers was Dr. W. H. Graham Aspland, who narrated with vivid detail the work done by the mission staff in stamping out the plague in Manchuria, and also his experiences in Red Cross work during the Revolution of a year ago. In another talk he described conditions of life in Labrador, where he had worked for eight years before going to China. Medical mission work in the Far East was also described by Mrs. Bragg and Mrs. Bell. India was represented by Miss Eleanor Dodson, M.D., Miss R. Glanville, M.B.B.S., the Rev. K. W. S. Kennedy, M.B., Ch.B., Miss Frodsham, Miss Peddar, and Miss Pearse. The two first-named described the actual working of a Mission hospital, the crowds of friends who accompany the patients, the arrangements for cooking and nursing, and many other details.

The great Continent of Africa was not forgotten, for Mrs. Douglas Hooper, L.R.C.P. and S., and Dr. T. Jays told of the tremendous needs there, the fearful callousness towards suffering which allows the people to cast out the sick ones to the forest to die there and be eaten by the hyenas, and the great lack of medical workers.

Nor was South America neglected, for the Rev. F. T. Thornburgh and Dr. Lindsay spoke of the great openings there, and pleaded for more workers. One other eloquent appeal was made

by the Rev. C. T. Erickson, who has only recently come from the seat of the Balkan war, and pleaded for sympathy and workers for the heroic race of Albania.

Two other features of the Exhibition were the Missionary Study Bands held each morning, which had interesting discussions on the book called "The Outcastes' Hope," and the Chinese Dispensary Scenes, which gave a vivid idea of the difficulties of diagnosis and treatment which are encountered by the medical missionary.

THE ANNUAL MEETING.

Mrs. Creighton, who presided at the Annual Meeting, which was held on the evening of May 1st, said that no one who considers at all seriously the work in the foreign mission field could fail to be struck with the opportunities which it affords to nurses. To one in touch with the Master nursing work afforded one of the finest opportunities of bearing the witness of a Christian life, which taught the Gospel more eloquently than the most finished speech could do.

Nurses were justly proud of their profession, and the term was used truly and wisely, yet sometimes professional nurses were somewhat of a trial. One of the first nurses who nursed her told her after two days that she was not at all an interesting case. The patients she really liked to nurse were mad old gentlemen. She did her duty, said Mrs. Creighton, but she did not get near love.

Again, the work itself was so entrancing, and nurses were so anxious to do it thoroughly that they were sometimes in danger of losing sight of its spirit.

The mission field proved what a tremendous help trained nurses could be. In the East women were trying to free themselves from their shackles, and nurses got so close to their patients that they could help them greatly.

Again, the training of native nurses offered tremendous opportunities. Were nurses sometimes apt to think that the girls married just as they became useful? Think of all those girls might do in bearing witness in their own homes.

There was sometimes resistance on the part of nurses when missionary societies required them to have special training for their work as missionaries before going out to the foreign field, but surely such special work needed preparation at home, so that while they were tending bodies they might also minister to the spirit by their own deeply religious lives. Those nurses who were not ready to go abroad themselves could bring before others the need for nurses in the mission field.

Miss J. MacFec, B.A., the indefatigable Editor of *Nurses Near and Far*, presented the annual report and welcomed Miss Jolley of Liverpool as a Vice President, and Miss A. C. Gibson and Miss Webb, Assistant Matron at Guy's Hospital, as members of the General and Executive Committees, and Miss E. Morten as Hon. Treasurer. She also stated that the total number of members and associates of the League is 1,007, an increase

of 212 on last year. There were 633 volunteers of whom 207 were working in the mission field, 20 having sailed during the past twelve months.

Funds were very much needed in order to cope with the work, and to provide adequate premises.

Dr. W. H. Graham Aspland, from Peking, spoke of the direct results of Medical Mission Work, and of the great national movement going on in China at the present time where they were ceasing to bind their feet. There were 400 million females in China, which meant about 100 million grown up women. The binding of the feet in China was just as much a national custom as the constriction of another part of the body in the West, the fixing of boards to the heads of Hottentot children so that they might grow up with flat heads, and the cultivation of large lobes to the ears of the Indian women. Why had they bound the feet in China? For the same reason that feminine disfigurement was practised in the other cases—because the men wished it.

In China when a man wished to select a bride he looked at the woman's feet, when in the West he would look at the other end. As long as China was content to accept men's estimate of desirable femininity in their homes the women bound their feet, but now the Chinese man had discovered that he did not want mere femininity any longer: he wanted a woman to enter into his life, hence the unbinding of the feet was an absolute sign of the emancipation of women in China.

Less than five years ago it was not respectable for a woman in China to be seen in the same street as her husband, but recently the Secretary of Foreign Affairs was to be seen in a street in Peking arm in arm with his wife, and three weeks ago, the speaker said, he had heard of the opening of a Laws School for women. A Christian womanhood in China would have an extraordinary influence.

The Rev. Frank Lenwood followed, pleading that his hearers should "Look not at the things which are seen and which are temporal, but at those which are unseen and which are eternal." He claimed for spiritual force that it is a very definite thing.

LECTURES ON BABIES.

Many nurses who appreciate the most interesting lectures on babies given from time to time at the Infants' Hospital, Vincent Square, Westminster, by Dr. Ralph Vincent, will be glad to know that a new course has been arranged to be given weekly on Tuesdays at 3.30 p.m., beginning on May 13th. The subjects are as follows:—*May 13th*, Rickets; *May 20th*, "Wasting Babies"; *May 27th*, Gastric and Intestinal Disorder; *June 3rd*, "Summer Diarrhoea"; *June 10th*, The Biological Chemistry of Infantile Digestion. The lectures will be illustrated by experiments and epidiascopic demonstrations.

Tickets price 5s. for the course can be obtained from the Secretary at the Hospital, and we hope that many nurses, midwives, and others will avail themselves of this opportunity.

A NURSING PROBLEM.

Those nurses who read the *Englishwoman* (and it is a liberal education to do so) are wondering who has written the most enlightening article under "Problems of the Day—An Underpaid Profession: Hospital Nursing." We advise everyone really interested in the nursing of the sick to read it. To quote:

"Nursing offers to its votaries the 'difficult way,' and the remarkable response of women who could command ease, if not distinction elsewhere, has always permitted hospitals to combine efficiency with economy in at least one department. Governing bodies employing nurses have been conscious of an eager stream of applicants, and have not unnaturally allowed themselves to take as an axiom that it is cheaper to wear out a nurse in ten or fifteen years, and replace her by a new one, than to treat her as a permanent and valuable worker. Governing bodies naturally consider the welfare of patients first of all, and economy and the training of medical students in the second and third places. Consideration for the nursing staff has too often presented itself as a kind of extravagance not easy to justify in public trustees. Now, after more than fifty years the matter suddenly takes a new turn; the stream of volunteers is slackening, the young women who desire to be nurses are no longer so unquestionably the best of their class, and it is time to consider whether the interests of the patients themselves will not in the near future necessitate a better status for the nursing profession."

The writer deprecates the late age of admission for training, considering the few years during which a trained nurse is considered at her zenith, and argues for admission to hospitals before, twenty-three years of age.

The writer concludes:—

"Looking at the question as an outsider, the kind a person whom hospitals think has no right to an opinion, we would conclude that girls should be allowed to begin their training at twenty-one. . . . Registration would improve the nurse's status and security of tenure, and public opinion and the threat of a scarcity of probationers should raise salaries. An outsider's view cannot, after all, be ignored, because the supply of probationers comes from the outside, not from the inside, of the system, and it is the probationer's view of the advantages and disadvantages of the nursing profession which will control the situation in the end."

This is very true. The profession of nursing must be organised so that it is worth the while of intelligent and conscientious women to enter it. At present they are beginning to realise that it is not worth while, and they are shirking it. The majority of hospital managers are entirely out of touch with the evolution of women in industry. They are the type of men who lay down the law didactically "that the woman's place is the home." It may be, but apparently the Nurses'

Home is not to their taste. Something must be done to encourage the right type of woman to train, and that something must consist principally in the conjoint government of men and women educationalists in the management of Nursing Schools. The bossing of nursing education by male philanthropists, financiers, and social climbers, has brought the whole question perilously near disaster. All over the country the very poor in their homes and in many Poor Law institutions are at the mercy of illiterate and ignorant attendants, who have no claim to the title of trained nurse at all.

It is the duty of the really humane to help to remedy this most sad condition of affairs. The nursing profession for the future is apparently not going to pay the whole cost. There must be a re-adjustment of conditions of education, service, remuneration, and status. Then we have every hope that the supply will amply meet the demand. The Nurses' Registration Bill is the open sesame for this happier condition of affairs.

THE NURSING OF THE INSURED SICK.

Miss A. C. Lowe, Secretary of Queen Victoria's Jubilee Institute for Nurses, writes from the offices of the Institute, 58, Victoria Street, S.W., with reference to the provision of nursing for those who are insured under the Insurance Act.

After pointing out that under the Act, the Approved Societies have the power of providing their members with the services of a district nurse when they are laid up ill in their own homes, Miss Lowe says: "Now that the Insurance Act has been in actual operation for some months, the time seems to have come for the societies to take advantage of the power given them of providing their members with the services of nurses. It is obvious that the general establishment of a system of co-operation between the societies and the nursing associations must be done gradually and with great care, and in such a manner as to see how best such co-operation can be arranged. It is suggested that such a system should be started experimentally in the administrative county of Kent, and societies aggregating a membership of more than a quarter of the insured persons in that county have already intimated their willingness to try such an experiment, provided that a scheme which shall be mutually satisfactory to the societies who signify their intention of joining in the experiment, and to the nursing associations, and to the Queen's Jubilee Institute, can be drawn up. The liability of the societies under the experiment would not exceed in all 3d. a year for each member living in the districts in which the nursing was undertaken, and they would expect to be furnished with reports, showing, amongst other things, each case in which the nurses had attended a member of their societies, and the number of visits paid to them. The payment by the Approved Societies would not cover the attendance of the nurses in

maternity cases, or in cases of persons suffering from tuberculosis and being treated by the Insurance Committee under the sanatorium benefit clauses of the Act. In those districts in which the provident system is already in operation the money received from the societies for the nursing of the insured persons would be really additional to that paid for the nursing of the whole family, and no distinction, at any rate for the purpose of this experiment, would seem to be necessary between members of societies who are paying and those who are members of societies who are not paying; but in the case of those places, mostly in towns, where the provident system does not at present prevail, the payment would be treated in the same way as the payment on behalf of individual families under the provident system in villages, and members of societies who did not pay would only be able to obtain the services of the nurses for themselves on payment of fees by the case or by the visit, in the same way as those in the villages who do not make a provident subscription. It must be clearly understood that this would apply to the insured individuals only, and would not interfere in any way with the attendance of the nurses upon the dependants of insured persons.

... We should be glad to hear from all societies with members in the county of Kent who would be willing to join in this experiment. A meeting will be held of those representing the societies and those representing the nursing associations, to draw up a scheme for the working of the experiment."

The nursing of the insured sick is a national question requiring much consideration as to the best method of organisation. The object to be attained is to provide thoroughly trained nurses for all insured persons who require nursing assistance, and the State should accept no lower standard. The question is complicated by the fact that while the standards for medical practitioners and midwives are defined by law, there is no legal standard for a trained nurse; and it is, therefore, open to any Insurance Committee or Approved Society to define its own standard, however inadequate its conception of the standard required may be. We shall refer again to this very important question.

On Monday a conference was held at 82, Victoria Street, S.W., between the Sub-Committee on Nursing of the Association of Approved Societies, and representatives of the following societies; the Queen Victoria's Jubilee Institute for Nurses, the Matrons' Council, the National Council of Trained Nurses, the Nurses' Social Union, and the Ranyard Nurses, to discuss the nursing of insured persons.

At the same time a meeting was held at the Local Government Board Office to consider a nursing scheme, so it is to be hoped that in the multitude of counsellors there is wisdom.

APPOINTMENTS.

MATRON.

Rodgett Infirmary, Lancaster.—Miss Mary Hartley has been appointed Matron. She was trained at the Bradford Union Infirmary; and has been Sister-in-Charge of St. John's Home, Ipswich; and Sister, Night Superintendent and Assistant Matron at the Parish Infirmary, Portsmouth.

Hull and East Riding Convalescent Home and Sanatorium, Withernsea. Miss A. Scott Cavell has been appointed Matron. She was trained at the Metropolitan Hospital, Kingsland Road, N.E., and the North Eastern Hospital, Tottenham; and has held the positions of Matron at the City Hospital, Lincoln, and the Sittingbourne and Milton Hospital, Kent, and of Health Visitor in St. George's in the East.

Retford Hospital, Notts. Miss E. Williams has been appointed Matron. She was trained at the Royal Infirmary, Liverpool.

SUPERINTENDENT.

District Asylum, Haddington, East Lothian. Miss Jean Sinclair has been appointed Superintendent. She was trained at the Western Infirmary, Glasgow, where she has held the position of Ward Sister; she has also been Matron of the Bignold Hospital, Wick, and of the District Asylum, at Haddington.

SUPERINTENDENT NURSE.

Cranland Moor Infirmary, Huddersfield.—Miss Dora Williams has been appointed Superintendent Nurse. She was trained at the Bradford Union Hospital, where she has held the position of Sister. She has also been Night Superintendent at Sculcoates Infirmary, Hull, and Sister at St. Luke's Hospital, Hove, etc. She has had experience of private nursing, and is a certified midwife.

HOME SISTER.

St. Bartholomew's Hospital, E.C.—Miss E. L. Chapman has been appointed Home Sister. She was trained at St. Bartholomew's Hospital, and at present holds the position of Home Sister at the Hospital for Consumption and Diseases of the Chest, Brompton Road, S.W.

SISTER.

Dorset County Hospital, Dorchester.—Miss M. Smith has been appointed Sister. She was trained at the Royal Infirmary, Cornwall, and has been Staff Nurse at the Coventry and Warwickshire Hospital, and has done Sister's duties at the Dorset County Hospital.

The Winnipeg General Hospital, Canada.—Miss K. M. Roe has been offered and has accepted the position of Theatre Sister. She was trained at St. Bartholomew's Hospital, and has for the past three years been on the staff of the Registered Nurses' Society, London.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following Sisters resign their appointments; Miss Lina M. Moor (May 1st); Miss Doris M. Smith (April 30th); Staff Nurse Miss J. J. Pooley resigns her appointment (May 1st).

QUEEN VICTORIA'S JUBILEE INSTITUTE.

NEW QUEEN'S NURSES.

Her Majesty Queen Alexandra has been graciously pleased to approve the appointment of 60 nurses, who have undergone the special training required, to be Queen's Nurses, 40 in England and Wales, 6 in Scotland, and 5 in Ireland.

TRANSFERS AND APPOINTMENTS.

Miss Evelyn Sladen is appointed to Taunton as Superintendent; Miss Alice L. Burton, to Newport Emergency Home, Shropshire C.N.A., as Superintendent; Miss Ellen L. Smith, to St. Austell, as Senior Nurse; Miss Ada F. Blake, to Portsmouth; Miss Ellen Cunningham, to Blackburn; Miss Mary L. J. Gibb, to Hampstead; Miss Ellen Johnson, to Cheltenham; Miss Mary F. Jones, to Gillingham; Miss Catherine Phillips, to Barton, Middleton Tyas, &c.; Miss Jane A. Macleod, as Infant Health Visitor for Worcester City.

WEDDING BELLS.

Miss Annie Fraser, who was trained at the Royal Infirmary, Glasgow, and for the last four years and a half has been engaged in private nursing in connection with the Registered Nurses' Society, 431, Oxford Street, London, W., has resigned her connection with the latter on account of her approaching marriage. The many friends she has made on the Society, while regretting her resignation, will unite in wishing her much happiness.

RESIGNATION.

Miss M. D. Farquharson, matron for eleven years of the Bendigo Hospital, who has been matron of several of the most important hospitals in Australia is—after thirty-one years' nursing—about to retire and it is hardly necessary to add that her loss to our profession will be great. Miss Farquharson has been a fearless leader, and Australian nurses owe her much gratitude for their true welfare has always been her earnest desire. Before accepting her present post Miss Farquharson was Lady Superintendent of the Alfred Hospital, Melbourne, and the Melbourne Hospital (five years at each) and did much to improve the nursing in these leading hospitals. She was about to retire when, in 1893, she lost all she possessed in the terrible financial crash in Victoria—and has since worked for another twenty years most courageously, so that now that she feels it time to make way for a younger woman she will retire and live with friends, of whom she has many, to whom she is tenderly attached. Miss Farquharson is a member of the Matrons' Council and of the Royal Victorian Trained Nurses' Association. She was trained at Crumpsall Infirmary, Manchester, under Miss Hannan, to whom she alludes as "my much loved matron." We feel sure when she has retired from active work Victorian nurses will still find a true friend in Miss Farquharson.

NURSING ECHOES.

On Friday, May 2nd, the Princess Louis of Battenberg, attended by Miss Kerr, visited Charing Cross Hospital, and was received by the Chairman (Mr. Duff), the Matron (Miss Heather-Bigg), Dr. Galloway, and Mr. Stanley Boyd. The Resident Medical Officer, Mr. Bertram Lloyd, and the Assistant Matron, Miss Pike, were presented to Her Grand Ducal Highness. The Princess' visit was of no superficial nature; she closely inspected every part of the hospital, and was greatly interested by seeing, under the direction of Dr. McLeod, the X-rays applied to the neck of a patient, and the Finsen lamp to some other patients. On reaching the Röntgen ray department, Dr. Ironside Bruce showed several photographs of fractures and other diseases. Her Grand Ducal Highness shook hands with each of the Sisters before speaking to the patients, and was keenly interested in the cause of their being in hospital. On reaching the casualty department she recognised the Sister as one of those who went to nurse the sick wounded in the hospitals of her daughter the Princess Alice of Greece at Salonica, Philippiada, and Janina. She laughingly remarked on the different conditions of work and surroundings. The Princess honoured Charing Cross Hospital at the commencement of the war of the Balkan States by selecting three of the Sisters to go with Miss Kerr to the Princess Alice. The appreciation of their work is expressed by her in the Visitors' Book, which she signed at the termination of her visit:—

"It has given me very great pleasure to be shown over this admirable hospital. I would like to express my gratitude anew for the services rendered by three of its nurses to the sick and wounded in my daughter's hospitals at Salonica, Philippiada, and Janina."

VICTORIA,

PRINCESS LOUIS OF BATTENBERG.

At a meeting of the Council of Queen Victoria's Jubilee Institute for Nurses held last week it was reported that the King Edward VII Welsh National Memorial Association had agreed to make an annual payment of £5 per nurse to the Nursing Associations in Wales and Monmouthshire, in return for their undertaking the domiciliary treatment of tuberculous persons.

It was announced that the garden party which the Duke and Duchess of Devonshire had consented to give for the Queen's Nurses had been fixed for Friday, June 13th, and that invitations

had been sent out to the Queen's Nurses throughout the United Kingdom.

The Bryn-y-Menai Home of Rest for Nurses was, it was said, in want of funds to pay off its deficit, and that the Amateur Stage Club had offered to give a matinee performance at the Royal Court Theatre on May 16th.

Affiliations have been granted to the following Associations:—Potterne, Wilts, Crown Point, through Norfolk Nursing Federation; St. Peter's, Bexhill, through Sussex C.N. Association; Sidmouth, through Devon C.N. Association; Sundridge and Riverhead, through Kent C.N. Association; Thetford, through Norfolk N. Federation; Buckley, Flintshire, through N. Wales N. Association; and Carrickon-Shannon, County Leitrim.

Fifty-nine nurses have been enrolled as Queen's Nurses this year, and the Committee are glad to report that the examination papers of these nurses show a higher standard than usual. The Council sanctioned the award of the small gold and enamel badge for long service to Miss M. Macmaster (Superintendent, Aberdeen) and Miss A. B. Hadden (Superintendent, Metropolitan N. Association). These Superintendents have completed twenty-one years' service.

At a meeting of the Holborn Guardians, the Infirmary Committee reported the statement sent by Dr. J. J. Perkins with reference to the examination of the Infirmary nurses for certificates.

In this it was mentioned that "the examination, as in previous years, has been partly by written paper dealing more especially with the theoretical side of the subject and partly practical and *viva voce*. The answering throughout has been exceedingly good, not only accurate, but showing a thorough appreciation of the underlying principles. The teaching and practical training of the nurses at the Infirmary is evidently uncommonly painstaking and sound, and the result of the examination reflects great credit on the nurses' teachers. As in previous years there were shown for me to inspect specimens of the nurses' work in the shape of charts, splints, bandages, &c., than which nothing could have been better done."

With the exception of one case, Dr. Perkins recommended the Board grant certificates to all the nurses examined.

It was reported that all the successful nurses were called before the Committee and, in the presence of the Medical Superintendent and Matron, congratulated.

The recommendation as to certificates was formally adopted.

As far as it goes, this is very satisfactory, but in our opinion no one person, and that not a trained nurse, should have power to recommend the awarding or withholding of a nurse's certificate after three years' practical work. We hope the Guardians will see their way before another examination takes place to associate with Dr. Perkins a highly qualified matron, past or present, to examine in practical nursing, and help judge the technical handiwork of the nurses.

The Report of the Visiting Nurse Association of Chicago is always a most interesting publication, and that for 1912 is well up to the standard. Firstly, it contains the charming picture here reproduced of "Americans in the making"; and, secondly, it is characterized throughout by a breadth of view, and a keen appreciation of far larger responsibilities than the alleviation of suffering and the nursing of the sick, important as these are.

The President, Mrs. Aldis, in her admirable address delivered at the Annual Meeting on January 10th, 1913, remarked: "It has been said, 'The nation which best cares for its children and its aged is the most highly civilized.' The children for the future of the race; the aged for the sake of humanity. The care of the helpless aged, the infirm, the unfit, is admittedly an enormously heavy burden upon

society, but one to which we are, as a community, committed."

Nevertheless, only 15 per cent. of the cases of the Association were purely palliative, and some remarks of Rabbi Leo Franklin are quoted, in which he said: "It is easy to state how many visits the nurse makes in the course of the year, how many patients she sees, but who can tell to what degree she has re-

awakened the dormant self-respect of an afflicted family, or aroused a dulled ambition, or shamed the mother for her slovenliness, or roused a drunken father to a sense of duty to his wife and children? It is a fine thing that she goes into the filthy home, and makes it not only habitable, but inviting; but it is a finer thing that by her influence, not only upon the patient, but upon the place and all who dwell in it, she leaves an inspiration to be something a little more and something a little better than



AMERICANS IN THE MAKING.

they have been." Surely fine work to achieve.

Mrs. Aldis further stated that no applicant is accepted for appointment on the staff—and it numbers 62—who is not a graduate registered nurse, entitled to the legal use of the letters R.N. after her name. It is a matter of pride that the requirements for State Registration of Nurses in Illinois is higher than in any other State, except New York."

A correspondent who has worked in French Hospitals sends us the following note:—

In France, in many hospitals the nursing is done by what we in England would consider ward maids or porters. When there are nuns in a hospital they have the general management and do far less actual nursing than an English Sister does in her ward.

In hospitals where there are no nuns the posts of supervision are given to those who entered the hospital as kitchen maid or ward maid, and who in their turn have under their orders the same class of woman.

The staff is always inadequate, so the able-bodied patients come to the rescue on condition that they receive payment, and it generally takes the form of wine or food.

For a glass of wine a patient will clean the brasses; for an egg a day another will clean the instruments. The nurses "manage" to have a stock which they use to get the work done. They never think it would be better to economise on the diet sheet and openly ask for more help.

Hospital managers are proud of their small staff, and say they have never had any complaints.

The nurse-ward-maids or men sleep in the wards.

Little by little the ward maid accumulates a few clothes, the patients give her pictures and boxes. Soon the spring is filled up with things, the locker overflows with bottles and crockery. By and by the bigger things are put in a corner of the splint room, and then extra patients come in.

The ward maid camps in the splint room. Then she must eat by the side of her bed, as all respecting ward maids do. Then she begins to be at home and receives a few visitors and shares her food.

Officially she has her bed in the ward. No one ever goes further into the matter, until one of those new-fangled people called a Matron comes to the hospital, who pokes her nose into everything. The splint room has to be put in order. The Matron may probably find a bedroom, but in all probability she will fail to get the ward maid to eat in the refectory. Two agents oppose her: the cook, who has been fifteen years in the hospital, refuses to make up special dishes for the ward maid; and the ward maid announces that on account of her gastric trouble she had not been able for the last ten years to eat the hospital cooking.

The Matron capitulates before two old servants, thankful to have got the splint room into her own hands.

In every French hospital where I have worked the same battle has had to be fought with almost the whole staff. When things have taken a more or less organised form, and a few new probationers are admitted for training, you hear them discussing the weakness of the Matron in letting Mère Gourdin take her food to her room. They probably don't know that Mère Gourdin up to a few

weeks ago hung her best dress in one of the cupboards in the visiting surgeon's office. And only a new cupboard being put at her disposal decided her to change her habits of at least ten years' standing.

That is at present one of our successes—and yet what a lot to be done still.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

Mr. Balfour has consented to open the new buildings at Guy's Hospital, which have taken some four years to complete, comprising the new laboratories of chemistry and physics, the new pathological department, and the new school of dentistry on June 3rd.

On Tuesday evening the Guy's Hospital Musical Society gave a most successful concert in the Physiological Theatre, transformed for the occasion into a concert hall. Nurse Drower gained great applause for her "Blackbird's Song." A violin orchestra, mostly composed of nurses, provided a pot-pourri of pretty airs; Mr. Clive Olive sang several popular songs, the Hon. Secretary (Miss Hinds) gave two delightful songs, and the part-singing was charming.

It has been suggested that a memorial to the late Mr. R. B. Etherington-Smith should take the form of providing and endowing separate sick quarters at St. Bartholomew's Hospital for the use of the medical, surgical, and resident staff, and of providing a suitable memorial at Cambridge.

Speaking at the annual meeting of the Metropolitan Hospital, Lord Howard de Walden said he sympathised with the need for a new Nurses' Home, "which had been in the air ever since he became chairman." The sooner his lordship whistles it down the wind and plants it on *terra firma* the better. The huge ground rents received from his London estate should make this a very easy matter.

Prince Arthur of Connaught has consented to become president of the West London Hospital at Hammersmith, in succession to the late Duke of Abercorn.

The committee of the Royal Infirmary, Manchester, are appealing for £25,000 to defray the cost of the Central Branch for accidents and out-patients now in course of erection on the site facing Piccadilly.

Dr. Sandwith, the Gresham Professor of Physics, will deliver four lectures on May 13th, 14th, 15th, and 16th, on (1) "The Cradle of Pharmacy," (2) "Opium," (3) "Arsenic," and (4) "Mercury." The syllabus is most interesting and they are free to the public. They will be given in the City of London School, Victoria Embankment, at 6 p.m.

THE NURSING AND MIDWIFERY CONFERENCE.

MASSAGE.

IONIC MEDICATION.

At the second afternoon session on Wednesday, April 23rd, the subject discussed at the Nursing and Midwifery Conference was massage.

Dr. J. S. Mackintosh spoke of Ionic Medication, or Ionization, the principle of which is the introduction of remedial agents directly into the affected parts instead of swallowing them in the hope of a portion of the medicament lighting on the diseased tissue by the labyrinthine route of the circulation.

The speaker said that this idea of driving the drug direct into the site of the disease was a fascinating one. We knew, for instance, that the salicylates had a curative action on rheumatic and allied affections, but we knew also that when taken by mouth this group of drugs had incidentally an irritant action on the gastro-intestinal tract, and a depressing action on the nervous system, and further in a not inconsiderable proportion of patients salicylates produced definitely toxic symptoms in quite ordinary doses of ten or even five grains. If, therefore, salicylic acid could be introduced direct into a back afflicted with lumbago or into a rheumatic joint, so as to exercise its specific action without the drug becoming diffused all over the body, we had obviously got a very useful new method of treatment. The question would no doubt arise in some minds: "Could not the same results be obtained by injection with a hypodermic syringe?" The answer was that with the syringe the drug was simply injected into the interstitial tissues when it would be absorbed into the general circulation, as was seen with strychnine and morphine, whereas in ionization the drug tended to be carried into the very substance of the cells of the tissues through which the current was passing, and remained there to exert its specific action, though there might be some small degree of diffusion into the circulation.

The lecturer then described in detail the method of applying the treatment. As regards the theory, he explained briefly that when an electric current was passed through, for example, a solution of iodide of potassium, the molecules of this salt would be split up into particles charged respectively with negative and positive electricity, which would be attracted to the poles of character opposite to themselves, *i.e.*, positively charged particles to the negative pole, negatively charged particles to the positive pole.

RADIUM TREATMENT.

Dr. R. W. A. Salmond, who presented the paper on "Radium Treatment," reminded his hearers that Radium was discovered by Madame Curie and the late Professor Curie in 1900. He

depreciated it being regarded as a specific for cancer, or the elixir of youth, but showed that in certain conditions it acted better than anything we have at present.

Dr. Salmond explained that radium was constantly giving off certain rays which had the power of penetrating opaque bodies. These rays were of varying penetrating power, and their effects at various penetrations were different. To obtain varying proportions screens of aluminium, silver, lead or platinum were interposed between the radium and the part to be treated. It was important to remember that these metal screens should have some material, such as rubber or paper between them and the patient, as they gave off secondary rays induced by the radium. The question of filtration was one of the most important in radium therapy and could only be settled by experience.

The usual method of applying radium was for it to be enclosed in a small metal tube usually covered when in use by rubber tubing, fixed by adhesive plaster, or a bandage, to the part to be treated, or inserted surgically into the centre of a tumour. The surrounding healthy parts were protected from the action of the rays by a sheet of lead laid over the part, with a window cut in it, over which the radium was applied.

A bit of practical advice was never to throw away the dressings in which the radium had been enclosed before finding the radium itself, or a small tube containing this precious substance might be thrown away by mistake.

THE CROSS-FIRE METHOD.

Radium was sometimes applied by what is known as the cross-fire method, when two or more tubes were placed at opposite sides of a tumour so that the tissues were bombarded in opposite directions.

Another method was to incorporate the radium in a film of varnish fixed on a metal holder and placed over the part. Some aseptic waterproof material should be interposed between the varnish and the affected part, or moisture from the patient might spoil the varnish.

Radium emanations could be collected by a special apparatus and enclosed in glass tubes or metal boxes. The emanation could be inhaled or, after absorption by petroleum, saline, and other liquids, be given by the mouth or subcutaneous injections, but it must be remembered that the radio-activity of this separated gas became weaker and weaker. The lecturer gave a very necessary warning to his hearers not to handle radium with uncovered hands or dermatitis might be set up. Radium treatment seemed to act better when the patients were kept in bed. He insisted that the rôle of radium in malignant disease was not to replace the knife, but to act in co-operation with it; *i.e.*, by its application to a wound after operation, or by the alleviation of pain, &c., in cases too far advanced for hope of cure by surgical means.

THE HAMPTON ROBB SCHOLARSHIPS.

The Committee of the Isabel Hampton Robb Memorial Fund is now completing its plans for awarding scholarships for the year 1913-14. It has under consideration arrangements providing opportunities selected from the following fields of work for nurses wishing to pursue special studies in such fields. These are: Mental Hygiene, Rural Nursing, School or Public Health Nursing, Training School Work, Hospital Social Service, Infant Welfare Work, and Sanitary Inspection. It is probable that three scholarships will be offered of about the value of 200 dolrs. each, and that one at least of these will be awarded to a student wishing to specialise in Public Health work, and to take advantage of courses offered in Boston at the School for Social Workers and at Simmons College, or in Chicago at the School of Civics and Philanthropy. Miss M. A. Nutting is the Chairman of the Scholarship Committee.

CONDENSED MILK.

Many people wonder what condensed milk is. It is simply cows' milk from which a large proportion of the water has been removed. This removal is effected by evaporation under reduced pressure, with the aid of heat, and the milk is thus reduced to about one-third of its original volume, so to restore it to its original condition twice its volume of water should be added.

It must be remembered that there are two kinds of sweetened condensed milk, namely, "full cream" and "machine skimmed." The latter is, of course, utterly unsuitable for feeding infants, and in this country the law requires it to be plainly labelled as such; there is little likelihood of its being purchased by mistake for the full cream product; nevertheless, mothers cannot be too earnestly warned against its use for infant feeding.

Nestlé's Swiss Milk is guaranteed to be the purest and best milk obtainable, unskimmed, uncoloured, undrugged and unadulterated—pure milk with the addition of nothing except sufficient sugar to preserve it.

It is claimed that condensed milk is specially suited for children of weak digestion, as the curd is flaky, not hard and tough.

From reports sent in by over 800 parents who fed their infants on Nestlé's Swiss Milk it appears that 96 per cent.—or nineteen out of twenty—of the children were in perfect health at the average age of two years and four months, a result that speaks for itself, especially when it is borne in mind that many of these infants were originally of weak constitution, or were the offspring of mothers whose health was not sufficiently good to permit of their suckling their babies, or were not put on Nestlé's Milk until unsuitable foods of various kinds had brought them near to death's door.

A copy of "Nestlé's Baby Book, 1913," may be obtained from Nestlé's London office, 6 and 8, Eastcheap, E.C.

OUTSIDE THE GATES.

WOMEN.

As was anticipated by women's suffrage societies, who unanimously refused to consider Mr. Dickinson's Women's Suffrage Bill adequate to compel legislation without Government support, it was rejected—after the Prime Minister had spoken strongly in opposition—by a majority of 47 in the House of Commons on Tuesday.

Women suffragists are grateful to Mr. Dickinson and his supporters for their efforts on their behalf, but they consider Tuesday's Debate an insult to their intelligence. Had their opponents openly stated, "Women are now in our power, under our heel, and we mean to keep them there," they would at least have been honest, but it is futile to talk of women's political influence while denying them political power, to speak of "the duty of men to protect and shelter women" while thousands are compelled to earn their bread without the means of influencing industrial and professional legislation by the only effective weapon—the vote.

Mrs. Chapman Catt, President of the International Women's Suffrage Alliance, who is returning from a journey round the world, and is visiting this country before attending the International Women's Suffrage Congress at Budapest in June, is being entertained, as is right when we have so distinguished a visitor within our gates, by a number of suffrage societies. On Monday she was entertained at a reception at Caxton Hall, Mrs. Despard presiding; on Tuesday the Earl of Lytton received the guests at a reception in her honour at the International Women's Franchise Club, and on Wednesday she was the guest of honour at a reception given by the National Union of Women's Suffrage Societies at Prince's Restaurant, a very brilliant and delightful affair.

Speaking at Caxton Hall on Monday Mrs. Chapman Catt said that it was very difficult for Americans to understand the English suffrage situation, which seemed to devolve on the attitude of one man. To the American that looked intolerably autocratic.

France is fortunate that it can rank amongst its saints the blessed Joan of Arc, and on Saturday thousands of persons who worship her glorious memory marched in procession to her statues in different parts of Paris and laid wreaths from patriotic and Royalist associations as well as humble bunches of lilac from working girls and children on the monuments to the heroine of France. Next year let us cement the *entente cordiale* by sending from the nurses of the United Kingdom a delegate to take part in the procession, with an offering of our national flowers. There are many blots on our national records, but the fiery murder of this great patriot is the most horrible in history.

BOOK OF THE WEEK.

THE MATING OF LYDIA.*

This story of Cumbria will take its place fearlessly with the best works of its gifted writer. It is told with characteristic force of description, with a grip of present day thought and with well thought out plot and romance.

The old curio-collector, Mr. Melrose, brings home a young Italian wife to his stately and desolate old Georgian house in Cumberland.

Ere the story begins he had tired of her, and it is difficult to imagine why such a nature as his was attracted late in life towards a woman who would not appear to be of a sort likely to inspire an apparently cold-blooded and certainly parsimonious man.

Netta takes a short cut out of her unhappiness, and in her husband's short absence from home sells a priceless bronze, and with its proceeds returned with her child to her beloved Italy.

It would appear that Melrose mourned the bronze more than he did his wife, and to his dying day never forgave her.

These happenings are but the "prologue of the drama which took place twenty years later."

Lydia Penfold, spinster, aged twenty-four, a struggling artist, lived with her mother and sister in the inspiring surroundings of the Lake District, and it was while sketching in St. John's Vale under the northern slopes of the Helvellyn range that she meets with Faversham. "The gold on Skiddaw was passing into rose, and over the greenish blue of the lower sky webs of crimson cirrus spun themselves. The stream ran fire, and far away the windows of a white farm blazed. Lydia seized a spare sketching-block, and began to note down a few passages." It was at this moment that Faversham appears, and the re-capturing for her of a paper taken by a gust of wind serves as an introduction. He asks her of the fine old house he sees in the distance.

She tells him it belongs to Melrose. "He is a legend about here. He goes by the name of the Ogre."

"What's wrong with him?"

"Ask his tenants," she said at last.

"Oh! he's a landlord, and a bad one!"

"She nodded—a sudden sharpness in her grey eyes.

"But that's not the common reason for the name. It's because he shuts himself up—in a house full of treasures. He is a great collector."

Faversham, after bidding her an unwilling adieu, meets with a severe bicycle accident. He is taken to the old collector's house, Threalfall Towers; and Melrose, from being at first furiously angry, becomes infatuated with the young man, chiefly on account of the reason that he possesses a valuable *Medusa amethyst*. Events from that time follow thick and fast. Faversham accepts

the post of agent to the old man, at a salary of three thousand a year; and practically sells his honour and for the time shuts his eyes to the glaring social evils of the property. Lydia, who in time learns to love him, is also a passionate lover of humanity and justice. She tells him in fine language—

"The great things that make life happy have nothing to do with money. They can be had for so little. If I were to marry you and live on Mr. Melrose's money, everything in life would be poisoned for me. I should always see the faces of dead people—whom I loved. I should hear their voices accusing (she is referring to the deaths in the recent epidemic from insanitary conditions). We should be in slavery—slavery to a bad man—and our souls would die."

"Life at her grindstone" had been busy with Faversham; and in the sifted, sharpened soul laid bare to her, the woman recognised her mate indeed. . . . Dazzled by money and power; and at last delivered from the tyranny of them, as though by some fierce gaol delivering angel, Faversham had found himself; and such a self as could never have been reasonably prophesied for the discontented idler, who, in the May meadows had first set eyes on Lydia Penfold.

H. H.

COMING EVENTS.

May 13th, 20th, 27th, and June 3rd and 10th.—The Infants' Hospital, Vincent Square, S.W. Lectures on Babies, by Dr. Ralph Vincent. 3.30 p.m.

May 14th.—Irish Nurses Association: Lecture by Dr. Maunsell on "Seemingly Trivial Symptoms, which may indicate Serious Disease."

May 16th.—Q.V.J.I. Bryn-y-Menai Home of Rest for Queen's Nurses. Matinée by the Amateur Stage Club. Royal Court Theatre.

May 19th.—Princess Christian lays the Foundation-stone of the Helena Building of the Royal Free Hospital, 2.45.

May 21st.—Alexandra Hospital for Children with Hip Disease, W.C. Linen and Clothing Fund. Annual Meeting, 3.30. Tea and coffee in the Wards, 4 p.m.

May 22nd.—Meeting Central Midwives Board, Caxton House, S.W.

May 24th.—Matrons' Council of Great Britain and Ireland; Quarterly Meeting, 431, Oxford Street, London, W., 4.30 p.m.

May 26th-31st.—Post-Graduate Week at York Road Hospital, S.E.

A WORD FOR THE WEEK.

Rest is not quitting the busy career;

Rest is of putting of self to the sphere.

'Tis the brook's motion, clear without strife,

Fleeing to ocean, after its life.

'Tis loving and serving the highest and best,

'Tis onward unswerving, and that is true rest.

GOETHE.

*By Mrs. Humphry Ward. London: Smith, Elder & Co.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

"A PICK-ME-UP."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Hearty congratulations on the splendid Jubilee Number of THE BRITISH JOURNAL OF NURSING. It is a great help to have such a sane, progressive journal week by week; it acts as a useful "pick-me-up" after the frequently vapid, anti-everything-advanced character of the daily papers! Fight on and win.

GLADYS TATHAM.

Davos Platz.

AN EXPERT'S OPINION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Mr. Sydney Holland's letter in the *Daily Mail* is very characteristic. I pass over the statement of Dr. Chapple as to the London nurse who was sent out to nurse a private case at the end of one year and ten months' training; of that I have no knowledge. But Mr. Sydney Holland allows that at the London Hospital the full term of training for nurses is two years, and states that such length of time is sufficient.

Practically every other Hospital of any size or repute has accepted the three or four years' standard. Are Guys, St. Bartholomew's, St. George's, King's, Charing Cross, the Middlesex, the Royal Free, the Royal Infirmary (Edinburgh), the Royal Infirmary (Glasgow), the Royal Infirmary (Manchester), the General Hospital (Birmingham) to name but a few that occur to me—all wrong and the London Hospital alone right? The contention that "the vast field for experience" given by the London renders a training as long as that offered at other Hospitals unnecessary easily falls to the ground. The larger the Hospital, the larger the nursing staff, and the difficulty, which every experienced Matron knows, of providing adequate experience for all the nurses in the special wards remains, by a quite simple sum in arithmetic, the same. For a probationer must pass a reasonable time in each ward if she is to gain any real and lasting benefit from her experience there. It is the extraordinary attention to detail in modern treatment that renders a training which seems long to a layman absolutely necessary to produce a good nurse. This has been recognised by the authorities of almost all Hospitals.

That Mr. Sydney Holland should wind up his letter with his usual spirited advertisement in praise of the London and all its ways and belongings is—only natural, but that he should use his weight and influence to champion the cause of reaction and mediocrity is more than a pity. It

is sincerely to be hoped that those in charge of the Registration Bill will steadily refuse to shorten the term of training required, which is none too long as it is.

Yours faithfully,

M. MOLLETT.

NO TIME FOR VOTELESS WOMEN'S CLAIMS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Having just read the account in *The Standard*—which paper I only get second day now, as I won't add to the circulation, since it acts as it does towards women—of the Deputation to the Prime Minister, I must congratulate you on having found Dr. Chapple as a champion of our cause. How splendidly he batted the Sydney Holland ball bowled by the Premier. The reply to our just demand for State Registration was to be expected, *there never is any time in Parliament to consider voteless women's claims.*

To an urgent appeal from Charing Cross Hospital I have replied that whilst men take all authority in the State, leaving women to be classed with idiots, lunatics, criminals and paupers, they must bear the whole responsibility for the deplorable state of affairs therein related. It is not only distressing, but disgraceful that boogymen and men of the most vicious type should be encouraged by the press and permitted by the police to assault, taunt, and insult in our parks and streets, the very women who are anxious to alleviate the suffering of the poor, and help by their expert knowledge and devotion to build up a healthier population. The present treatment of women in this country is a gross blot on civilisation.

Yours sincerely,

CLARA LEE.

Thistle-down, Letchworth.

AN OLD LULLABY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I wonder if any of the readers of the JOURNAL can help me with the words of an old lullaby which the mothers of France used to sing to their babies at the time when the name of Wellington was a household word. The song threatens the baby that Wellington will fetch him if he does not cease his crying.

A MATERNITY NURSE.

Church Road,

Richmond, Surrey.

[We have never heard of this lullaby, but, if it was sung, England repaid the compliment, as its mothers threatened naughty children with "Boney" from over the water.—ED.]

OUR PRIZE COMPETITIONS.

May 17th.—What is the chief danger in measles?

May 24th.—What are the signs before delivery that the child's life is in danger? What would you do in such a case?

May 31st.—Say what you know about epilepsy and its treatment.

The Midwife.

PRELIMINARY TRAINING SCHOOLS FOR MIDWIVES.*

By Miss BLOMFIELD.

Matron, Queen Charlotte's Hospital, London.

The necessity of more detailed training and a longer course for intended candidates for midwifery and maternity nursing has already been discussed at this meeting. I will therefore confine myself entirely to the question of the advisability of preliminary training for the above-mentioned candidates.

Where only two or three pupils are undergoing training at the same time it is comparatively easy, but in the large training school where from twelve to twenty pupils enter each month, the training then becomes a serious consideration.

The candidates are themselves a problem. To begin with, their ages range from twenty-one to forty-five years, and they are drawn from every class.

Firstly we have the trained nurse, and *she* in a great many instances comes merely for the diploma; then we have the woman who has done a few months or maybe a year in a general hospital; next comes the one who has taken up some special branch, for instance, St. John's Ambulance work or Red Cross, perhaps Home Nursing. Again we have the girl from home, who up to the time she enters the hospital has spent her life having what she calls "a good time": she has no idea of discipline of any kind, and consequently finds the training very hard, and the rules irksome. Lastly, we have the woman of little or no education, who probably left school at the age of fifteen, or even earlier, and has neither time nor opportunity for cultivating what little she started with.

Even to the uninitiated the difficulties must be obvious.

To put a trained nurse in a ward with a girl who has never known discipline, and expect the same result at the end of five months, is impossible, and it is equally impossible as regards the educated and uneducated woman.

Now it is for the girl with no knowledge of discipline and routine, and the woman of little or no education, that we want the Preliminary Training School, as these two kinds are the most difficult to train in the nursing curriculum laid down by the Central Midwives Board.

* Read at the Nursing and Midwifery Conference, London, April, 1913.

They are amazed at the discipline and overpowered by the knowledge required in a large hospital such as Queen Charlotte's Hospital. It was to make the training easier for these candidates that the Committee of Management asked me to suggest some scheme that would enable them to have some idea of the work required before being plunged into the busy wards. The only solution of the problem was, of course, preliminary training, but expense and accommodation are serious items in a hospital in these days. I consulted several well-known members of the nursing profession, but received very little encouragement. They all agreed it was the right thing, but they said, "considering your already long course of training" and "your very high fees," is it desirable? However, the plans were drawn up, an additional month was added to the "already long training," and an additional fee to the "very high fees," and it met with the unanimous approval of the Committee of Management.

Our methods are similar to those adopted in General Preliminary Training Schools. The School is in charge of a Sister, quite away from the wards, and has accommodation for ten pupils. During this time they will receive such preparation and instruction as will fit them to carry out the important duties which will devolve upon them in the wards, including lectures in elementary anatomy and physiology, instruction in sickroom cookery, and such details of practical nursing as can be taught before actual attendance on patients and infants.

While in the Preliminary Training School, pupils are required to perform such household duties as will subsequently fall to their share when they are on duty in the wards. These include sweeping, dusting, &c., but no cleaning of grates or scrubbing.

Pupil midwives who decide to enter for the month's preliminary training join for a total period of six months, the first of which is spent in the Preliminary Training School. The fee for the six months is £40. In the event of a pupil midwife leaving during or at the end of the preliminary month, £30 of the fee paid is returned to her; but the Committee of Management may determine her engagement during or at the end of this preliminary month on the same terms.

Pupil monthly nurses who undergo the month's preliminary training join for a total

period of five months. The fee for the five months is £29. In the event of a pupil monthly nurse leaving during or at the end of the preliminary month, £19 of the fee is returned to her.

The result of this training in the practical work in the wards is most successful; the nurses are a help there from the beginning, and instead of being afraid and overpowered when they enter, they are interested and keen, and do the work required in a methodical, business-like manner. Since the opening of the Preliminary Training School, two-thirds of the untrained applicants for midwifery training have entered the Training School, the majority of the remainder have had some other experience in nursing, &c., before coming to Queen Charlotte's Hospital. This, I think, has fully justified us in starting this new branch in our training of midwives.

What I should like to see, and the suggestion has been made before, is a Central School or College where a woman of fair education and intelligence could receive her preliminary training. It would save the hospitals much time and energy, and would simplify matters greatly; let it be in the hands of women whose professional reputation is known.

We have schools nowadays for hygiene, domestic economy, and cookery. Why not elementary anatomy and physiology, medical and surgical nursing, as far as could be taught apart from the hospital wards? And then, at the end of the course, the candidate could apply for training in nursing at any school she wished. She would have a much better idea of what hospital work meant, and the training would, I believe, save many a candidate who, at present, enters the nursing profession with erroneous ideas, and who soon becomes disheartened by the actual work, and gives it up in despair.

I am quite sure if some of the various schools or colleges would embark on this big enterprise they would find it an interesting venture, and one that I am sure would pay well if properly managed.

CENTRAL MIDWIVES BOARD.

The list of successful candidates at the April Examination of the Central Midwives Board has now been published, with the following results:—

Candidates Examined	292
Candidates Passed	231
Percentage of Failures	21

THE MIDWIFERY CONFERENCE.

A PLEA FOR LONGER TRAINING.

On the afternoon of Friday, April 25th, at which session Mrs. Stephen Glanville presided, papers were presented by Miss Blomfield, Matron of Queen Charlotte's Hospital, on "Preliminary Training Schools for Midwives," which we print in full, and by Mr. Douglas Knocker, a medical man and barrister-at-law, on "The Law Relating to the Qualifications, Rights and Duties of the Midwife."

Mrs. Parnell, Matron of the Woolwich Home for Mothers and Babies, gave an address pleading for longer training, enumerating in support of her contention the instruction necessary. Thus Eyes, Normal and Abnormal, needed at least two lectures; Specific Disease, three lectures; Sanitation, Babies, Health Visitors, and three lectures might well be devoted to Artificial Foods.

The theoretical course should last six months in addition to the practical work. The training should begin in hospital. What a great gain it would be for those who come after us if the time in which to reach the required standard could be lengthened.

The speaker referred to the loss of experience of booking patients—a most useful acquirement—owing to the short training. The art of taking measurements, of estimating the probability of a normal or difficult labour, the recognition of a transverse presentation, and the possibility of rectifying it by external version all required time.

THE LAW RELATING TO THE QUALIFICATIONS,

RIGHTS AND DUTIES OF THE MIDWIFE.

Mr. Douglas Knocker said it would be amusing, were it less tragic, to trace in the history of the practice and profession of midwifery in England the manifestations of those characteristics of conservatism and inertia which centuries of insularity are said to have bequeathed us.

At length, a paternal but heavy-moving legislature (in response to a press and platform agitation) communed within itself, and in 1902 produced an Act "to secure the better training of midwives and to regulate their practice." This Act, known as the Midwives Act, 1902, the "Magna Charta" of the midwife, since it introduced entirely new regulations, and set up entirely new machinery to secure their performance, deserved very special consideration. Mr. Knocker then discussed the Act in detail.

LIABILITY AND DUTY.

Under this heading the speaker discussed the duties and liabilities of a midwife from the point of view of legal responsibility. The question fell into two parts, for while their responsibilities were generally defined by the general law, the Midwives Act itself had imposed an additional one.

The midwife was under a double responsibility. First she was in the position of one of two parties to a simple contract. Her duty was to give due

professional skill according to the terms implied by her holding herself out as a midwife. Failure on her part would render her liable for damages arising out of her breach of contract. If the contract were with a third person, for example the husband) for attendance on his wife who suffered through a lack of proper care and skill, the midwife might then be liable to an action for damages for negligence, or absence of due professional skill at the suit of the wife.

But even apart from any contract, the midwife might be liable for negligence, for the law was that any person holding himself out as possessing special skill must display that degree of skill which would be displayed by a reasonable man who likewise holds himself out as possessing the same special skill. A far higher degree of skill is exacted from a woman who holds herself out as a midwife than from a woman who rendered assistance in emergency. In the latter case a very high degree of carelessness would have to be reached before a Court would call it negligence in law so as to render the philanthropic but unskilled person liable in damages. Whereas if a professional midwife were charged with negligence, the jury must decide the question, "Did this woman exercise that degree of skill which is reasonably to be expected from a woman holding herself out as a midwife?" If not, she must pay for damages.

Suppose the patient died, as the result of the alleged negligence. The midwife might then be charged with manslaughter, but she would be acquitted, unless she had been guilty of the grossest carelessness.

RIGHTS.

When a midwife is a party to a contract, her contract may be with the person confined, or with some other person who contracts with her, to attend the person confined. For example in the case of a doctor. His contract might be direct—as where the husband, father or master engaged the doctor to attend wife, child or servant; or implied, where the wife or child, being insufficiently supplied with "necessities," which include medical attendance, engaged a medical man. The contract, in this case, would, of course, be not between the wife or child and doctor, but between the husband or parent and doctor, for whom the wife or child was acting as "agent of necessity." A midwife, in this respect, presumably stood in exactly the same position as a doctor.

WORKMEN'S COMPENSATION ACT, 1906.

Were midwives within this Act? In order for a midwife to obtain the benefits of this Act, she must have been rendered incapacitated for work, as the result of a personal injury by accident, from which she suffered while engaged in her professional duties. Further, she must be a "workman" within the meaning of the Act.

All midwives who earned over £250 a year were outside the Act. The ones whose incomes were below this sum, professional independent midwives who attended cases such as a doctor, gave

their professional skill, but were in no sense "workmen" or servants, were also outside the Act.

It was possible that the midwife who goes out as a monthly nurse might be a workman within the Act, even when she is quite independent of any nursing home; but the very nature of her employment is that it is not regular, but is "casual," and for that reason she was probably excluded.

A midwife in or attached to an institute, hospital, or nursing home, where she was paid wages, and was under the control of a staff Matron or Superintendent, was probably within the Act, unless her salary exceeds £250.

As regards accident, Mr. Knocker mentioned that a midwife might be able to claim compensation where her hand became ulcerated from the use of antiseptics.

POST-GRADUATE WEEK AT YORK ROAD HOSPITAL, S.E.

The organisers of the Post-Graduate Week at the York Road Hospital (May 26-31 inclusive), have arranged a most attractive programme; and no midwife who can spare these six days, for the purpose of bringing her professional knowledge up-to-date, should on any account miss them. The programme is as follows:—

Monday, May 26th.—4.30 p.m.: Reception by Matron and Staff; Tea. 5.30 p.m.: Lecture, Dr. Fairbairn.

Tuesday, May 27th.—11 a.m.: Clinic in Wards. 2.30 p.m.: Meet at Hospital; Visits to Queen Charlotte's and City Road Hospitals. 5 p.m.: Visits to Guy's Museum.

Wednesday, May 28th.—11.45 a.m.: Meet at Hospital; Visit to Parkes' Museum, conducted by Dr. Louis Parkes. 3 p.m.: Lecture by Sister Olive.

Thursday, May 29th.—11.30 a.m.: Clinic on "The Baby," conducted by Sister French. 2.30 p.m.: Meet at Hospital; Visit to Infants Consultation at St. Thomas' Hospital. 6.30 p.m.: Post Graduate Lecture at Midwives' Institute by Dr. Fairbairn; tickets, 1s. each.

Friday, May 30th.—2 p.m.: Meet at Hospital; Visit to College of Surgeons' Museum; Tea at Hospital. 5.30 p.m.: Lecture by Dr. Darwall Smith.

Saturday, May 31st.—10.30 a.m.—12.30 p.m.: Test Paper; Prizes given.

The subscription for the course is 5s.

The Hon. Secretaries are Sister Olive and Sister French, and all Midwives are invited to join the course.

The method adopted by the Barry (South Wales) Town Council in regard to infants is that births have to be compulsorily notified by midwives, and then nurses engaged by the District Nursing Association visit the parents, and, if necessary, give instructions as to feeding and treatment. Last year the deaths of children under one year of age were fewer than at any other period in the history of the town.

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EDITORIAL.

THE NURSING OF THE INSURED SICK.

Nothing is of more importance to the insured sick than the quality of the nursing which may be provided for them under the National Insurance Act, and at present nothing is in a more undefined condition. Under the Act, as is well known, the standard of the medical assistance afforded is defined by law, and the same applies to midwifery. In regard to the provision of nursing this is not compulsory, nor can any standard be enforced, because there is no State Register of Nurses, and no governing body to maintain a minimum standard. It is therefore possible for Insurance Committees and Approved Societies to adopt one of their own, which, with every good intention, may be quite inadequate.

No greater proof of the advantage of membership of an organised and State controlled profession could be advanced than the position of nursing under the Act, for while there is no guarantee that the insured sick, if nursing is provided, will receive it of a skilled quality, the pecuniary value at which nurses' services are estimated compares most unfavourably with that placed on the services of both medical practitioners and midwives. Thus, while "panel doctors" receive 7s. per annum for each insured person on their list, and it is proposed that midwives shall be paid at the rate of 10s. 6d. per case, the only scheme which has been considered for the provision of nursing to the insured sick—by Queen Victoria's Jubilee Institute, in conjunction with County Nursing Associations—proposes that the liability of societies joining this scheme shall not exceed 3d. per head. We have no hesitation in saying that it is impossible to supply skilled nursing at this rate.

In the county of Kent, where it is proposed to try this experiment, it is suggested that village nurses shall be employed. But the village nurse is not a trained nurse in the ordinary acceptance of the word, *i.e.*, a person who has received a definite term of hospital training. She is essentially a midwife, with a knowledge of the elements of general nursing not as a rule acquired in a hospital at all. As it is proposed, as we have shown, to make a separate charge for midwifery attendance, it will be realised that the quality of the nursing which it is suggested shall be supplied under the scheme cannot be regarded as skilled.

So far, the nursing of the rural sick poor has been chiefly organized as a matter of charity, and therefore they have had to take what has been given them, and the inclusion of certified midwifery has been a great advantage to them. But directly nursing is provided as a benefit for which they pay under a State scheme, the quality should be that of the recognised standard, that for Queen's Nurses, which is three years' hospital training with an additional six months in district work. The insured sick will have a rightful grievance if they are provided with, and expected to pay for, nursing of a quality which could not for a moment be considered adequate for those in richer circumstances.

Take for instance the members of an Approved Society for trained nurses. In the event of their convalescing in a rural district, it would naturally be resented if they were provided with nurses trained for a few months on a district only. Yet this is what would happen, supposing the scheme proposed for the County of Kent were widely adopted by Approved Societies.

We are of opinion that the nursing of the insured sick should be organized as a State service, and paid for on an adequate scale.

CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. KNYVETT GORDON, M.B.Cantab.

HYSTERIA (*continued*).

Motor symptoms (continued).—In addition to paralyses of various kinds, we may have contractions of almost any muscle, so that the arm or leg, for instance, or both limbs even, are drawn up and kept quite rigid; these contractions may last for months, or even years, and are not uncommonly cured by the advent of some fresh emotional disturbance, such as a visit to a new doctor, or more often to a quack, or it may be by a pilgrimage to some grotto or other place where miracles most do congregate. Many of the advertisements with which the advent of the travelling charlatan is so often heralded emanate from cases of "cured" hysterical contractions.

There may be also spasmodic movements of various muscles, and these cases are not infrequently mistaken for chorea. This brings us to a form of motor disturbance which is known as the "hysterical fit," and which deserves a more detailed description.

Such an attack occurs more commonly when other people are present, and is usually preceded by emotional disturbance of some kind, or by a mental shock, such as a bereavement or a lovers' quarrel. It begins usually with the sensation of a ball rising in the throat, and the patient cries out that she is choking, and falls down on the ground, but always in such a way that she is not hurt thereby; more commonly, the nearest sofa is selected for the purpose. The next stage consists in an attack of uncontrollable laughter or crying, which may either pass off, in which case the patient gets up and the fit is at an end, or may be succeeded by rigidity of the trunk and limbs, and arching of the spine backwards, so that the body rests on the head and heels. The arms are usually extended at right angles with the body (the so-called cruciform attitude), and the hands are tightly clenched. Movements then occur, which are of the wildest description, but almost always *with a purpose*; thus bystanders are clutched at or attacked, and if the limbs are restrained the struggling becomes more violent. The eyelids are closed, and any attempt to open them is resisted. The face is red, and consciousness is never entirely lost, nor does the patient bite her tongue, or pass water or fæces during the fit. Moreover, her movements are usually influenced by what is said in her presence. All these points distinguish the hysterical from the

epileptic fit, in which there is complete unconsciousness, and the movements are not influenced by any external occurrence, and the tongue is usually bitten, and the bowels and bladder are relaxed.

After the movements have ceased, the patient lies panting and muttering until she again goes off into convulsions—in fact, there may be a succession of these fits for some hours. Recovery is usually quite rapid.

Visceral symptoms.—These are very varied, and may include pains and loss of function in almost any organ. Rapid wasting for no obvious cause (except complete loss of appetite) is not uncommon, and palpitations, neuralgias, vomiting, purposeless cough, and even pyrexia may occur. The most interesting of these affections, however, are those connected with the pelvic organs. These occur as a rule in women who, though often capable and earnestly desirous of performing some work which is usually allotted to men, are debarred from so doing, and are at the same time unable to exercise their normal functions of reproduction and maternity. Then nature, having no outlet for superfluous energy, the whole system becomes disorganised, and the pelvic organs are especially liable to suffer. In fact, pelvic hysteria is often the Nemesis for those parents who regard marriage as the only purpose for which women were created. One wishes, however, that they would get hysteria themselves instead!

Coming to details, there are three common varieties of genital hysteria, namely, retention of urine—apart from any organic disease or obstruction—pelvic pain, and imaginary disease. In the latter case the patient, though really free from any local lesion whatever, imagines that she has some condition such as ovaritis (whatever this may mean) or displacement of the womb. Usually one finds that some relative or friend has recently suffered from something of the sort, and that the patient has thereby become acquainted with the symptoms of the disease which she tries to mimic.

The whole pathology of hysteria has been very happily summed up by that greatest of surgical orators, Sir James Paget, who said: "The patient says 'I cannot.' The friends say 'She will not.' The doctor says 'She cannot will.'" Or, to use our somewhat imperfect analogy again, the will has ousted reason and judgment from the control of the telephone department in the brain, and the unfortunate muscles and internal organs have to act—for they cannot help themselves, and this is why hysteria is not shamming—on all sorts of wild and erratic messages.

The diagnosis is so complicated and often so difficult that it can hardly be profitably discussed here. The only case in which a nurse may have to make a diagnosis for herself is when she is confronted with a hysterical fit, and here the main point to remember is to turn out all the relatives and bystanders, and then do—absolutely nothing. Even if the attack is really epileptic or apoplectic, nothing can profitably be done during the fit itself, and no harm can result except, perhaps, some biting of the tongue—which is not a very vital matter, and if one attempts to prevent a hysterical patient biting her tongue, one makes the fit very much worse. In the words of an overworked and exasperated house physician whose rest was disturbed by a newly elected and somewhat officious night sister, "Let her fit."

The treatment of hysteria is, however, another matter, and one may clear the ground somewhat by saying that it is primarily essential to avoid anything by which attention is directed towards the affected part. Thus in pelvic hysteria especially, the less one does the better, and I am afraid that in the past meddling gynæcology has rather a long train of wrecks to its credit. Local treatment usually makes the patient very much worse, for directly one "ailment" is cured, another springs up, and the result is seven devils instead of the original one.

The next point is to go further, and direct the patient's attention away from the affected part. Very often this alone suffices. Thus I have known a case in which an invitation to a dance—this being a rare occurrence—by causing the patient to devote her whole attention to the fashioning of raiment worthy of the occasion, completely cured a hysterical paralysis of one arm.

Then it is most important that the patient should not imagine that the physician or nurse thinks her to be shamming or able to help her troubles. Should this occur, both their efforts will be unavailing, and the condition will get worse instead of better. At the same time, the patient should be encouraged to do things—preferably not immediately connected with the affected part—which she regards at first as impossible.

The next point is to train the will as much as possible. The keynote of the morbid self-consciousness of many hysterical people is that they think that they are of no use in the world, and never can be. It is generally advisable to send the patient away from her home to a hospital or nursing home, but the latter requires very careful selection. It is essential that every nurse with whom the patient comes in contact

shall be thoroughly trained and experienced, and if there is one consummation devoutly to be wished (by the physician), it is that it should be illegal for any private nursing home to employ any but fully trained and registered nurses. It is grossly unfair to the nurse herself to accept anyone for training as a "probationer" in a nursing home, and it is also quite impossible for her to be of much use in the treatment of a hysterical patient. A good nurse is often of more use than the doctor, because the patient generally thinks her to be more sympathetic, and she is certainly often more ready to suffer neurotics gladly.

The electric battery is often very useful. A sudden application of a rather strong current will often cure a paralysis, or restore lost sensation with great rapidity. In a certain hospital—not in this country—the "bath of surprise" used to be credited with miraculous cures. The patient was invited to walk quite unsuspectingly along a corridor below which was a concealed tank of cold water, into which she was suddenly precipitated by the giving way of a trap door in the floor.

In the graver manifestations of hysteria there can be no doubt that hypnotism is most useful, but the subject is rather too large to be discussed here.

The ordinary "rest cure"—*i.e.*, seclusion, massage, and over-feeding—is sometimes, though in my view rarely, useful; though it is often our sheet anchor in neurasthenia, I have repeatedly seen it do positive harm in pure hysteria. One would generally much rather prescribe a "work cure." When hysteria co-exists with neurasthenia, however, it is as well to cure the latter first by rest. In persistent hysterical vomiting, seclusion and artificial feeding with the stomach tube are necessary.

Drugs are probably almost useless in themselves, but it often happens that their administration is necessary in order to assist the confidence of the patient in the physician. Valerian, and also asafoetida, are frequently prescribed.

Hysteria is often completely cured by childbirth, but the danger of the transmission of a neurotic taint to the offspring must be borne in mind. A childless marriage very frequently aggravates the hysterical tendency. The best thing is a profession or an engrossing hobby.

WELCOME HELP.

The President of the Society for State Registration of Trained Nurses acknowledges with many thanks the following donations:—Miss M. F. Macintyre, 5s.; Miss H. M. Smith, 5s.; Miss Lade, 5s.; per Miss E. A. Emuss, 1s. 8d.; Miss Theodora Harris, 1s. 6d.

OUR PRIZE COMPETITION.

WHAT IS THE CHIEF DANGER IN MEASLES?

We have pleasure in awarding the prize this week to Miss A. L. Clarkon, Nurses' Home, City Hospital, Edinburgh.

PRIZE PAPER.

Measles is often spoken of and treated as a very simple and mild disease which needs very little care or attention, and is not at all serious. It is true that few patients die from uncomplicated measles, but at the same time all patients need to be well cared for, so as, if possible, to prevent dangerous complications arising, which are responsible for the very high mortality from measles, especially in children under two years of age.

The most serious complications are those which affect the respiratory tract.

Broncho-pneumonia is the most important and most fatal of all.

The mortality of cases of broncho-pneumonia varies from 20 to 80 per cent. Very young children have a very poor chance of recovery.

Broncho-pneumonia depends on a secondary infection by various germs. The measles patient, with the respiratory tract so much inflamed, has very little resisting power. This complication may occur in the prodromal, eruptive, or convalescent stage of the disease. The respirations are very fast—often from 60 to 80 in young children.

The face is pale and slightly cyanosed. In severe cases the lips may become purple. The nostrils expand on inspiration, and the breathing becomes laboured. The respirations are often more rapid than one would expect from the pulse rate, and the temperature may be high or may show very little elevation. A large proportion of these cases die about the end of three weeks. Death occurs in from one-third to one-half of patients thus affected.

A patient who recovers when broncho-pneumonia has complicated the attack of measles is very often left with a tubercular condition of the lungs.

Treatment.—The patient should be kept in bed from the moment the measles is suspected. The room should be large and airy, and draughts should be avoided.

The diet should be light and nourishing.

Great care should be taken to protect the chest. A light jacket made of gamgee tissue should be worn if the child has any tendency to bronchitis, and the chest rubbed with stimulating oils.

If broncho-pneumonia occurs in the eruptive stage and in the suffocative form the patient

often gets relief from hot poultices and the steam tent.

The ordinary form of broncho-pneumonia should be given as much fresh air as possible; steam should be avoided. The patient should be in the open air as much as possible, and should sleep near an open window. This treatment is specially advisable to try to prevent tubercular sequæ. Of course, the patient must be well wrapped up and kept warm. Stimulation is usually necessary. Poultices should be avoided because of the weight, which is apt to impede the already laboured breathing. In very cyanosed cases leeches may be applied.

Even when nursed with the greatest care, measles may leave blindness and deafness behind. In the prodromal stage laryngitis may prove fatal, but it is broncho-pneumonia, so often followed by pulmonary disease, that is the great danger of measles.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Amy Phipps, Miss G. Blundell, Miss Emily Marshall, Miss M. Smith, Miss M. Cullen, Miss I. D. Brand, Miss H. Scott, Miss S. Simpson, Miss S. A. Cross, Miss E. Martin, Miss J. G. Gilchrist, Miss E. L. Garrett.

Miss M. Cullen writes:—

In every case of measles the possibility of pneumonia setting in should be borne in mind, and the patient well protected from chills and draughts. It is best to wear next the skin a cottonwool jacket to keep the chest warm. The patient's strength must be kept up by food given regularly every two hours, and it may also be necessary to give stimulants. Isolation is necessary. Other complications, such as pleurisy, may be present; if the fluid is poured out into the lungs, it will become purulent, and then give rise to an "empyema"; in this case a surgical operation will have to be performed. Croup is another complication; also nasal and ear discharge, and sometimes diarrhœa and vomiting may be present, but pneumonia is the most dangerous of all.

QUESTION FOR NEXT WEEK.

What are the signs before delivery that the child's life is in danger? What would you do in such a case?

THE DUBLIN CONFERENCE.

The Dean of St. Patrick's Cathedral, Dublin, who is deeply learned in its history, has most kindly offered to conduct a party of nurses over this fine edifice on June 4th. He has thoughtfully arranged that they shall enjoy the singing of the choir, in which there are many lovely voices.

IDEALS AND PROGRESS.

Look at it how you will, Ideals are, after all, the really practical side of life—and Progress is the outcome of Ideals.

The intensely practical side of the Ideal forms the kernel of that epoch-making inaugural address recently delivered by the incoming President of the United States to that intensely practical and money-getting collection of men and women, absorbed from all portions of the habitable world into one great whole, the American nation. That address was ably summarised in the *Spectator*:—"The nation had at length made up its mind to 'square every process' of its life with the ideals set up at the beginning." Here speaks the idealist indeed.

It is doubtful whether the true Idealist has ever been, what he has, with a pitying contempt been labelled, merely a dreamer of dreams. Jesus, the Christ, an utter failure to the eyes of his contemporaries, with Peter and John his more immediate followers, and that whole body of idealists called Christians, succeeded in revolutionising the position of women, in spreading civilisation and culture wherever their influence penetrated, in providing for the sick, in laying the foundations of what we now term education, in evolving through the course of nineteen centuries the wholly ideal principle of the rights of the weak. These men were no dreamers, but practical idealists: progress could not but be the outcome of their work.

The real truth of the matter is that whilst the sensible, matter-of-fact men and women who form the majority, the immense majority of our population, are excellent in their way, and serve to carry on the business of the world quietly and unostentatiously on a business footing, it is the practical idealists who supply the principles of government, initiate reforms, influence public opinion, and maintain the standard of right living, without which races and individuals must alike perish.

Every social reformer must necessarily be an idealist. So must every pioneer. And, once their ideals have passed into reality, we no longer call them idealists, but practical reformers, forgetting that these men and women were first idealists and thinkers, secondly fighters, and lastly, after they had won through a deep slough of opprobrium and misrepresentation, progressive reformers. Looking back upon their work, we are too apt to see merely the fact of the reform consummated, and forget the deep thought, the noble aspira-

tion, the courageous and inspiring idealism which preceded action.

There is abundant reason why progress must necessarily be the outcome of ideals. Most of the human family are born with a hedge about their lives, which limits their vision, emphasises their inherited selfishnesses, obstructs their growth, and shepherds them gently down the path called "What Everybody Does." Your hedge is not, of course, my hedge—yours may be of sweetly scented honeysuckle, mine of thorny cactus, whilst my friend's over the way is of the toughest yew, with poison berries. But they all serve the same purpose: they hold an equal danger. Try to pass through your honeysuckle: the interlacing stems, flowery and delicious, hold you back as effectually as the rough stubby yew, and my thorny, touch-me-not cactus leaves. The name of your hedge may be on the one side "Nobody Does," and on the other "What Will the Neighbours Say?" of my friend's, "It Wouldn't Look Well," and "We Never Did It At Home"; of mine, "I Can't Help It," and "Why Should I Bother About What Doesn't Concern Me?"

Oh yes, after all, the journey down "What Everybody Does" Street is with hundreds of thousands of cases summarised very aptly in the old ditty:—"Jonathan Grundy was born on Monday, Christened on Tuesday, Married on Wednesday, Lived on Thursday Better than Friday, Died on Saturday, Buried on Sunday—and there's an end of Jonathan Grundy." And all because of their hedge which they couldn't push through, and did not even want to push through. There is no help for them unless soft-winged Ideals come to bear them upwards, teaching them first to look over their hedge into the great, unknown, terrible world beyond, where men and women, yes, and children, are wrestling with nature, and fighting with science, and succumbing to the demons of sloth and want and riches and disease, and then inspiring them to soar upwards, above and over their hedge, mounting on the wings of noble aspiration and of steadfast purpose, until they reach the golden æther of Progress which culminates at the gate of Heaven.

Ideals they were which opened the eyes and enlightened the minds and carried the reforms of a Shaftesbury, a Maurice, a Kingsley, a Florence Nightingale, an Agnes Jones, a John Howard. Ideals again which inspired the constancy of the martyrs of all ages, wringing from a reluctant heathendom the tribute of conversion. Ideals have given us the eternal truths of a Bible, a Dante, a Ruskin, a Marcus Aurelius. The Ideals of Faith and Hope and

a passionate love for God and our fellow men have carried ourselves out, over our hedges, and consecrated us to the service of mankind.

If Ideals can, as they do, and have done and ever will do, keep men and women pure and constant and courageous, throughout what we call Life, they cannot be otherwise than nobly progressive, for Life lets no man stand still, least of all the Idealist. The cry of the age is "Forward!"

We Idealists have, each one of us, a little secret kingdom all our own, very lovely, very perfect, into which no other than ourselves can enter. Within it we are safe—Peace is its king and Happiness its cloudless æther. The mistake with most of us lies in entering in so rarely, in realising so imperfectly the joy of our precious Ideals, of what they are to us, of what they may mean to other wayfarers in the outer worlds, alike to those who have, alas! no inner kingdom, and to those whose key lies in their fingers, but who fear to turn it in its wards.

Yes, and we Idealists of Nursing need this kingdom and its secret sweetness and strength, more urgently than most of our fellow wayfarers. I am not speaking of the *ideal* nurse, who always seems to me to be summed up in the words of St. James on Wisdom:—"The Nurse that is from above is first pure, then peaceable, gentle, easy to be entreated, full of mercy and good fruits, without partiality, without hypocrisy"—but of the Idealist Nurse whom, from the hour of its birth, a quarter of a century ago, our BRITISH JOURNAL OF NURSING has held before our eyes. Our Ideals have taught us to look over our hedges of professional incompetence on the one side, of national prejudices on the other. They have inspired and are inspiring us daily with courage to stand forth and fight not only the forces of disease, but the hideousness of vice, the ignorance of the uncaring, the criminal indifference of the "touch-me-not-lest-you-soil-my-garments" sensitive darling of Society, the puny selfishness of the keep-in-office-at-all-costs politician.

We, of all the wayfarers, most need our ideals, because our way can never lie down "What Everybody Does" Street, and if we hang up our hats in any hall in that street, the great hedges will close in upon us, and we shall become either Mrs. Devil-may-Care or Mrs. Nobody-at-All. We need our ideals to make of us sweet women and strong, to strengthen us to be progressive reformers of the most advanced type, to help us to forgive, with gentle patience, whilst we oppose with unflinching courage, the well-meaning hinderers of our

great work for Humanity, to make us big enough and sunny enough and wise enough to cope with even the dreariness of a hopeless chronic case, to help us to realise continuously the dignity and the joy of service.

Once more let me close as I began, with the words of President Woodrow Wilson, the Idealist:—

"You never can stand it unless you have some imperishable food within you upon which to sustain life and courage, the food of those visions of the spirit where a table is set before us laden with palatable fruits, the fruits of hope, the fruits of imagination, those invisible things of the spirit which are the only things upon which we can sustain ourselves through this weary world without fainting."

ALBINA BRODRICK.

THE SOCIETY FOR STATE REGISTRATION OF NURSES.

A meeting of the Executive Committee was held at the office, 431, Oxford Street, London, W., on Thursday, the 8th inst. Mrs. Bedford Fenwick presided.

Letters were read from Miss Crosby, President of the Graduate Nurses' Association of Ontario, thanking the Society for its message of congratulation on the attainment of Registration of Nurses in the Province, and from Mrs. Cunningham, Corresponding Secretary of the State Association of Delaware, expressing its thanks for the same reason.

The President then made a report on the Deputation received by the Prime Minister from the Central Committee for the State Registration of Nurses on April 28th, asking for facilities for the second reading of the Nurses' Registration Bill now before the House of Commons, when the Premier again brought forward the Anti-Registration Protest signed by individuals—purporting to be "brought up to date," but which Mr. Holland, the organizer of the opposition, had since acknowledged in the press to be the identical list signed four years ago, and "it is true that in four years some of those who signed the protest have disappeared."

The opposition of an economic character which is fighting, not the compiling of a register, but the united demand of the organised doctors and nurses to systematise professional education, a degree of self-government by members of the nursing profession, and legal status for them, brought forward no argument worth consideration

against the State Registration of Nurses, and primarily emanates from the London Hospital authorities, which makes quite unjustifiably huge profits on the labour of its private nursing staff.

The Committee then adopted a Resolution expressing disappointment at the long-delayed action of the Government, to the constitutionally expressed demand of the organized nurses of the United Kingdom for twenty-five years, in their efforts for systematised education, and emphasised the statement made by a member of the Deputation, as to the very serious and increasing shortage of nurses, and to the depreciation of the educational standard of women applying to hospitals and infirmaries for training, which they considered a serious menace to the efficiency of nursing in the future, and invited the earnest consideration of His Majesty's Government to the important educational and economic disabilities under which the Trained Nurses of the United Kingdom suffer.

THE ANNUAL MEETING.

It was agreed to hold the Annual Meeting in June instead of May, owing to the press of work in connection with the forthcoming Nursing Conference and Exhibition in Dublin in the first week of June.

It was agreed to send letters of congratulation to the Presidents of the State Societies of Nurses in the Province of Manitoba, Canada, and in the American States of Arkansas, Kansas, and Montana, which have recently passed Nurses' Registration Laws.

APPLICATIONS FOR MEMBERSHIP.

The following applicants have been elected members of the Society :—

3230. Miss Bennett, cert. Union Inf., York.
 3231. Miss F. Gee, cert. Great Northern Hosp., N.
 3232. Miss A. Minall, cert. Taunton and Somerset Hosp.
 3233. Miss A. C. Robins, cert. Guy's Hosp.
 3234. Miss M. Lord, *Matron* Banstead Asylum, Sutton.
 3235. Miss H. E. Ball, cert. Stanley Hosp Liverpool.
 3236. Miss R. M. Barrowclough, cert. St. Barthol's Hosp.
 3237. Miss A. H. Gellatly, " "
 3238. Miss L. E. Alexander, " "
 3239. Miss E. M. Cumberlidge " "
 3240. Miss B. de Lan're-Grogan, " "
 3241. Miss Edith Wadsworth, cert. Roy. Inf., Manchester.
 3242. Miss J. H. Balsillie, cert. Roy. Inf., Edinburgh.
 3243. Miss C. Sherry, cert. London Hosp.
 3244. Miss L. W. Orchard, cert. Salford Union Inf.
 3245. Miss D. M. Watson, cert. Queen Mary's Hosp., Carshalton.
 3246. Miss M. E. Dykes, cert. Great Northern Hosp., N.
 3247. Miss E. S. Fountain, cert. Seamen's Hosp., Greenwich.
 3248. Miss A. Topsham Donington, cert. Warneford Hosp., Leamington.
 3249. Miss E. Crawford, cert. Western Inf., Glasgow.
 3250. Miss F. A. Borrett, cert. Roy. Inf., Halifax.
 3251. Miss F. Duckett, cert. Roy. Inf., Liverpool.
 3252. Miss S. A. Tull, cert. Roy. Inf., Bradford.
 3253. Miss M. A. Currall, cert. King's Lynn Hosp.
 3254. Miss M. G. Bowers, cert. Great Northern Hosp., N.
 3255. Miss H. Readman, cert. Roy. Albert Inf., Wigan.
 3256. Miss M. Norris, " "
 3257. Miss M. E. Lowe, " "
 3258. Miss E. A. I. Rogers, cert. Great Northern Hosp., N.
 3259. Miss E. M. McFarlane, cert. Holborn Inf.
 3260. Miss L. E. Jolley, *Matron* Roy. Southern Hosp. Liverpool.
 3261. Miss E. Hewitt, cert. Wrexham Inf.
 3262. Miss C. Mann, cert. Roy. Inf. Dundee.
 3263. Miss A. MacKail, cert. Salford Union Inf.
 3264. Miss F. A. Potter, cert. Ruchill Hosp. Glasgow.
 3265. Miss E. Lindsay, cert. Roy. Inf. Dundee.
 3266. Miss D. Robinson, cert. St. Barthol's Hosp.
 3267. Miss E. McKerrow, " "
 3268. Miss F. E. Nicholson, " "
 3269. Miss D. H. Cole, " "
 3270. Miss E. A. Smith, " "
 3271. Miss G. H. Pilling, " "
 3272. Miss P. L. A. Comyn, " "
 3273. Miss E. Snell, " "
 3274. Miss H. Hepplewhite, cert. Royal Infirmary, Manchester.
 3275. Mrs. F. Bassnett Preston, cert. St. Barthol's Hosp.
 3276. Miss I. Ingram, cert. Roy. Inf. Edinburgh.
 3277. Miss H. B. Simpson, cert. Middlesex Hosp.
 3278. Miss M. E. Rodgers, cert. St. Barthol's Hosp.
 3279. Miss E. P. Todd, cert. Stockton and Thornaby Hosp.
 3280. Miss A. Haynes, cert. St. George's Hosp.
 3281. Miss Theo E. Terry, cert. St. Barthol's Hosp.
 3282. Miss M. Damp, cert. St. Pancras Inf.
 3283. Miss G. M. Tyers, cert. St. Mary's Hosp., Paddington.
 3284. Miss M. L. Adams, cert. St. Saviour's Inf., East Dulwich.
 3285. Mrs. K. M. Thomas, cert. Cardiff Inf.
 3286. Miss A. B. Wardle, cert. Roy. Hants Co. Hosp., Winchester.
 3287. Miss M. Crapper, cert. Roy. Albert Edward Inf. Wigan.
 3288. Miss K. Owen, cert. Warneford Hosp., Leamington.
 3289. Miss M. Richard, cert. Hants Co. Hosp., Winchester.
 3290. Miss M. Bow, cert. Roy. Inf., Glasgow.
 3291. Miss E. M. Blenkarn, cert. Guy's Hosp.

3292. Miss B. J. McLachlan, cert. Roy. Inf., Glasgow.
3293. Miss E. M. Hancock, cert. Bagthorpe Inf., Nottingham.
3294. Miss I. N. Hodges, cert. St. Mary's Hosp., Paddington.
3295. Miss J. Grant, cert. Roy. Inf., Manchester.
3296. Miss H. J. Miller, cert. General Hosp., Hereford.
3297. Miss A. M. Thornton, cert. Shoreditch Inf.
3298. Miss C. A. Orpin, cert. Roy. Inf., Edinburgh.
3299. Miss G. E. Tommy, cert. Warneford Hosp., Leamington.
3300. Miss H. F. Parsons, cert. Roy. Berkshire Hosp., Reading.
3301. Miss E. E. Cook cert. Poplar and Stepney Sick Asylum.
3302. Miss S. F. Norfield, cert. Chelsea Inf.
3303. Miss J. E. Wells, cert. The Inf., Birmingham.
3304. Miss H. V. Villiers, cert. Blackburn and East Lancs. Inf.
3305. Miss K. Bellamy, cert. Lambeth Inf.
3306. Miss K. S. Waterman, cert. North Ormesby Hosp.
3307. Miss M. C. Garrett, cert. North Ormesby Hosp.
3308. Miss E. A. Tomlinson, cert. General Hosp., Nottingham.
3309. Miss H. Brewerton, cert. St. John's House.
3310. Miss E. J. B. Wright, cert. St. Barthol's Hosp.

The meeting then terminated.

MARGARET BREAY, *Hon. Secretary.*

The Hon. Secretary will be pleased to receive from members any Resolutions they wish placed upon the Agenda for the Annual Meeting by June 1st.

THE PROGRESS OF STATE REGISTRATION.

BIG MONEY.

The anti-registration protagonists, the Hon. Sydney Holland and Sir Henry Burdett (what a relief it would be if the modest violets they profess to represent would come out and meet their registration colleagues in open argument) both of whom exploit the nursing profession—the former in support of the London Hospital, and the latter for less altruistic purposes—are as usual attempting to misguide the public in the Press on the result of registration in the United States. The Americans are a business people, and the fact remains that since 1903—in ten years—37 State Legislatures have passed into law 37 Registration Acts for the protection of the public and improvement of nursing, and from all over the States records are piling up evidence of the enormous impetus which such legislation has given to the systematic training of nurses, and the value which

educated women set on legal status. Unfortunately human nature is very much the same all the world over, and American nurses have their anti-registration exploiters as we have in England.

We have some tasty tit-bits before us from the American papers which oppose registration. One paper supporting quackery trumpets forth its sympathy with "25,000 poor women who will be deprived of their title of nurse" if the amendments to the New York State Nurses Bill pass, whilst we learn from another that "9,000 women 'graduated' from Nurses' Correspondence Schools in New York in one year. There are several concerns that are engaged in separating women from their money in this way. The advertisements offering to make any woman a trained nurse by mail in from one to three months are certainly alluring to many. And so the 9,000 who were made nurses by the correspondence route last year put on regulation uniforms and proceed to administer to the sick and dying at the regulation fee. . . .

"The Education Department and the New York State Nurses' Association have been trying to get the Nurses Practice Act amended so that the public can distinguish between a nurse that has really been trained and one that is the product of the correspondence schools.

"Now, in view of these facts, is it not strange that there is difficulty in passing the amended bill at Albany? The lobbyists for the correspondence schools seem to be more powerful than the educational department and the entire nursing profession. There is, naturally, big money in the game for the promoters of the correspondence schools, and they therefore fight. It is difficult to understand, however, how any representative in the Legislature will be able to explain his vote if he stands against the amendment to protect the public in this most important matter."

Big money! It is always "big money" made by men at women's expense which inspires their opposition to just, self-governing legislation for them. Had it not been for "big money" made through short-term training at the London Hospital, and through the "quack" nursing journals, we should not have had to fight for a quarter of a century for just conditions for trained nurses and the sick public. Big money! The nippy financier realises that a class of 50,000 women workers cannot remain unorganised without "big money" being made by someone. Keep them disorganised and unprotected, and the "someone" will not be the worker.

It is natural, therefore, that the "organisers" of societies of Matrons and nurses in support of State Registration in this country should, as usual, be attacked by the Hon. Sydney Holland and Sir Henry Burdett during the past week in the partisan Press. The former objects to the "same set of ladies" engineering such societies. No doubt he does. They are the "set" who refuse to be "engineered" by Mr. Holland.

Sir Henry Burdett also attempts, by misrepresentation, to intimidate these "same spirits."

Sir Henry states inaccurately that the names of members of the Matrons' Council and of the State Registration Society, are not published. No one knows better than he does that the name and professional qualification of every member has been published in this journal, as no one scrutinises its pages more keenly. What Sir Henry really wants is an up-to-date list of their addresses, so that each one may be influenced, and, if needs be, shown the error of her ways by a species of economic and official pressure difficult for working women to resist.

What these "same spirits" would like made public is a detailed balance-sheet of receipts and expenditure of the Scientific Press Limited, and the Private Nursing Business carried on at the London Hospital, showing the huge profits made by the principal shareholder, Sir Henry Burdett, out of the nurses and the hospitals in the former business, and by the managers of the London Hospital by undertraining nurses and underselling the nursing profession by the other.

Big money! Rather!

A DOMESTIC MATTER.

In the House of Commons on the 8th inst., as reported in the *Times*, Dr. Chapple asked the Prime Minister if he intended to introduce legislation to prevent the London Hospital from sending out nurses one year before the expiry of the normal course of training required by every other great metropolitan hospital at the rate of 11s. 6d. per week, while they earned £2 2s. per week for their hospital.

Mr. H. Lawson: May I ask the right hon. gentleman if he is aware that Mr. Sydney Holland, chairman of the London Hospital, flatly contradicted the first part of the statement when it was first made, and whether he knows that the London Hospital trains its nurses free of charge or premium for two years and makes a large loss on the whole transaction; and whether, when they are properly equipped, they are able to earn a livelihood for themselves at the expense of the hospital?

Mr. Asquith: I have not heard that, and with all respect to my hon. friend, I rather deprecate a question of this kind. It relates to a great London hospital, to which the metropolitan community is under a deep debt of gratitude. I am not aware that there is any ground for legislation.

Dr. Chapple: Is the right hon. gentleman aware that Mr. Sydney Holland has admitted that nurses are sent out from the London Hospital one year before the expiry of the time ratified by other hospitals?

Mr. H. Lawson: He denies it absolutely.

Dr. Chapple: Is he not aware that Mr. Holland admitted as a fact that they are sent out at the end of two years, which is one year less than the curriculum of all the other London hospitals?

Mr. Asquith: I am not aware of that as a matter

of fact. The management of the hospital is a domestic matter. There is no ground whatsoever for the suggestion.

This is a most interesting exchange of parliamentary courtesies. Of course, Dr. Chapple is absolutely right in his contentions, and is apparently the only one of the trio who understands the drift of the question, and its great importance to the nursing profession and the public.

Mr. Harry Lawson, although a member of the House Committee of the London Hospital, is apparently absolutely ignorant of its nursing affairs, otherwise he purposely misled the House. As to training its nurses free of charge, such a statement is most erroneous. Is it not true that the probationers and nurses do a vast amount of domestic work in the wards, and the entire nursing of the 800 patients for infinitesimal salaries, such as Mr. Lawson's scullerymaids would sniff at? What would be the cost of nursing the patients at the London Hospital if the probationers did not take experience in part payment of their long hours of work for a seven days' week? To talk of making "a large loss on the whole transaction" is indefensible. The nurses with their four years' contract, for two years of which they may, through private nursing bring in nearly 30s. a week clear profit, not only give labour but pay at least £100 in hard cash. The real fact of the matter is that the nursing department at the London Hospital is largely self supporting, that the public owes an enormous financial debt to the generous (though in our opinion misguided) women who give of their health, strength, and fees to this charitable institution.

Mr. Asquith is evidently entirely ignorant of the truth of the case. In his opinion, however, "The management of the hospital is a domestic matter." In other words, the nursing staff are domestic servants, and should be treated as such. Under these circumstances the domestic laws should be applied for their protection and the Committee and Matron no longer permitted to compel probationers to sign contracts which deprive them of the protection of the common law.

Next time a probationer or staff nurse "is put upon the doorstep" at a moment's notice, let her demand a month's salary and board wages.

Also, when in the middle of her four years' contract labour she is "permitted" to take a month's holiday at her own expense, let her claim her month's salary which she has a legal right to, and which London Hospital nurses have been deprived of for years.

Under present conditions even London Hospital nurses will soon begin to realise how necessary it is to obtain legal status for the nursing profession, if it is not to sink lower and lower.

Any way they owe it to their colleagues to make a stand for just conditions of training. They cannot accept a two years' term without underselling the profession at large.

THE ANGLO-ITALIAN NURSING SERVICE.

SCUOLA CONVITTO REGINA ELENA.

The aim of this School is to train Italian Probationers on what is termed "Florence Nightingale" lines. The idea is new in Italy, and the S.C.R.E. is the first training school based on modern accepted lines—to as great an extent as possible.

The training staff is English-trained: Matron, assistant matron, sisters, and sisters on probation. The staff nurses are those nurses who have completed their training in this school.

The doctors and patients are all Italian.

The wards contain 30 to 40 beds, and the surgical work is good. There are more surgical than medical wards likely to be vacant.

The aim of the Roman school is to create a standard of nursing which other towns should imitate; and also, in time, to be able to supply hospitals in other Italian towns with sisters, staff nurses, or matrons.

Nurses are first appointed as sisters on probation, and work under the English ward sister with an Italian staff nurse and Italian probationers, wearing sister's uniform, only being distinguished from full sister by a green stripe on left arm. If found suitable, they are promoted to ward sisters as fresh work is taken on or present sisters leave or are promoted.

PAY.

Sister on probation ...	70 fcs. per month.
Sister	85 fcs. ,,
After two years	100 fcs. ,,

Travelling expenses are paid to Rome, a settled sum of 175 fcs. being given to the nurse.

Should she leave of her own accord before the termination of one year, this money must be refunded.

The engagement may be terminated by a month's notice on either side; but should the nurse leave of her own accord before the termination of two years, the return journey must be paid by her. Should this notice be given by the matron owing to any fault or want of discipline on the part of the nurse, the return journey is paid by the nurse. After a period of two years' work the return journey is paid by the Committee.

A uniform allowance of 125 fcs. yearly will be given to the nurse.

Each nurse has six weeks' holiday in the year.

No nurse will be engaged as sister unless it is believed she possesses those qualities indispensable for a good sister in Italy, or unless she has proved herself capable of developing

those qualities during her provisional months as sister on probation.

The engagement is for not less than two years, though, should the matron not find the nurse suitable for a ward sister, the engagement may be terminated at the end of one year. The return journey will then be paid by the Committee.

After two years, if wishing to remain, the sister must sign again for *not less* than one year from date of signing second paper, and must return to Rome at own expense.

No travelling money will again be paid to the nurse until the expense is actually incurred, and she leaves the school finally to return to England.

No nurse leaving the Policlinico is to take up private nursing in Rome for a year from the time of leaving.

NUMBER OF BEDS IN HOSPITAL AND CLINICS.

Obstetric 110, Surgical 80, Medical 55, Nurses 6, Skin 40, Nose and Throat 24, Eye 70, Med. Path. 8, Children 26, Hospital 720, Deposito 40, Isolation 150, making in all 1,329.

The present number of patients under the care of the S.C.R.E. is 240.

THE NURSES' HOME.

The present Nurses' Home contains 72 beds; the new Home to be built will have 400.

On the nursing staff at present there are 13 Englishwomen and 53 Italians.

The Anglo-Italian Nursing Service should appeal to those nurses who enjoy fresh fields of work—as so many do nowadays. For further information and the Form of Application, candidates should address—

MISS D. A. SNELL, The Matron,
Scuola Convitto Regina Elena, Policlinico
Hospital, Rome.

NURSES FOR THE PRAIRIE.

The need of nurses for women in isolated prairie districts, particularly at critical periods, has long been one of the difficulties of Canadian pioneering.

An attempt is now being made to meet the need by securing the co-operation of the Victorian Order of Nurses. The idea—which emanates from Principal W. J. Black, of the Manitoba Agricultural College, Winnipeg—is that the Order should work in conjunction with the Home Economic Clubs, a recent organisation of women throughout Western Canada.

The directors of the Order have favourably received the proposal, and a practical scheme is likely to be worked out.

NURSES AND INSURANCE.

The Committee of the Trained Women Nurses' Friendly Society wishes to impress upon all members the importance of applying for sickness benefit as soon as it is due to them—and not weeks after the event. If members will carefully study the regulations pasted into their insurance books, they will realise that unless they do this they infringe the rules, and are liable to fines; also they add greatly to the work of the secretary, in keeping the books up to date for the auditor.

The Nurses on the staff of the Nurses' Co-operation, 8, New Cavendish Street, London, W., have decided to pay the threepenny weekly contribution payable by the patients who are presumably their employers, as well as their own, under the Insurance Act, rather than be placed at a disadvantage in competing with nurses sent out from proprietary institutions. As the Co-operation is now licensed under the London County Council as an agency, the twenty original incorporated members of the Nurses' Co-operation are presumably no longer the employers of the nursing staff as they formerly were. All these contradictory Acts tampering with women's work, concerning which they are never consulted, have created most difficult problems in the management of such societies. An Agency in our opinion is not a professional co-operation of workers. This is the reason we hope to see the very injurious L.C.C. Act rescinded as far as trained Nurses are concerned, at some future date. That happy time may come when the nurses rouse themselves from their apathic indifference to their own professional affairs, so long as they do not feel the pinch personally. In the overcrowded market in which they have now to compete with unskilled labour, they *will* feel it before long, unless they do arouse themselves.

Now that the system adopted by so many hospitals of deducting the nurses' sickness benefit of 7s. 6d. a week from their wages, if they are off duty during the month, is coming into force, many nurses are applying to their Approved Societies for re-imbusement for the deduction, who would not otherwise have thought it worth while to apply for a few shillings due to them, if off duty for a week or so. Mr. Dick, of the Nurses' Insurance Society, seems to think that the hospital which also obtains medical benefit by appointing a member of the staff on the panel for the nursing and domestic staff, is going to make quite a good thing of it. One thing is certain—the domestic staff will enjoy intervals of rest and recreation never before at their disposal.

THE PASSING BELL.

Miss N. M. Baschmakowa, of St. Petersburg, the oldest sister of the Red Cross in Russia, who worked under Pirogoff in the Crimean war, has recently died at the age of 103.

APPOINTMENTS.

MATRON.

Straton Cottage Hospital, North Cornwall.—Miss M. Rodenhurst has been appointed Matron. She was trained at the Nottingham General Hospital, and at King's College, London; and has been Matron at the Branch Hospital, in connection with the Royal Infirmary, Liverpool.

Open Air Sanatorium, Gateforth, near Selby.—Miss Gertrude E. Ratledge has been appointed Matron. She was trained at the General Infirmary, Leeds, where she has done Sister's duty. She has also had experience of private nursing.

Mark Hall Convalescent Home for Women, nr. Llandudno.—Miss A. M. Osler has been appointed Matron. She was trained at the Royal Infirmary, Wigan; and has held the following positions: Matron of the General Infirmary, Wrexham; of the Royal Institution for the Blind, Birmingham; and latterly of the Swithland Convalescent Home, Woodhouse Eaves, nr. Loughborough.

SUPERINTENDENT.

Sunderland District Nursing Association.—Miss M. S. Barford has been appointed Superintendent. She was trained at the Royal Hospital, Salford; and was for six years Inspector and Assistant Superintendent at the Central Training Home for Queen's Nurses, Edinburgh; and for three years Matron of St. Andrew's Memorial Hospital, Fife.

HOME SISTER.

Monyhull Colony for Epileptics.—Miss Elizabeth E. Bamber has been appointed Home Sister. She was trained at the Isleworth Infirmary and has held the position of Sister-in-Charge of the Infirmary at the Central London District Schools, Hanwell, and has had experience of private nursing. She is a certified midwife and holds the certificate of the Incorporated Society of Trained Masseuses.

THEATRE SISTER.

The Infirmary, Dudley Road, Birmingham.—Miss Frances Miller has been appointed Theatre Sister. She was trained at the Bethnal Green Infirmary; and has been Staff Nurse at the Grove Hospital, Tooting; Nurse, in connection with the East London District Nursing Association; and Sister at the Hammersmith Infirmary. She is a certified midwife.

SISTER.

Infectious Diseases Hospital, Skipton.—Miss Alice Daggan has been appointed Sister. She was trained at the Fever Hospital, Great Yarmouth and at the Shoreditch Infirmary. She has been Charge Nurse in the former institution; and Acting Sister in the latter.

Northern Hospital, Winchmore Hill, N.—The following appointments have been made to the position of Sister in the tubercular wards:—

Miss Eleanor Ascott, trained at the Royal Infirmary, Manchester, who has been Assistant Nurse at the Park Hospital, Hither Green.

Miss Elsie Maud Michaelson, trained at St. Mary's Infirmary, Highgate Hill, who has been Pupil Midwife at St. John's, Holloway, and Sister at the Edmonton Infirmary.

Miss Elizabeth Ada Russell, trained at the Southwark Infirmary, and who has been Night Superintendent at the Infirmary, Acton, Willesden, and Charge Nurse and Deputy Night Superintendent at the City of London Chest Hospital.

Miss Gertrude Parkes, trained at Charing Cross Hospital, and who has been Charge Nurse at Barraford Sanatorium and has also had special work at Moorfields Eye Hospital.

Miss Edith Hannah Stanton, trained at the Infirmary, Whipps Cross, Leytonstone, who has been senior Staff Nurse at King Edward VII Sanatorium, Midhurst.

SCHOOL NURSE.

Swinton and Pendlebury Education Authority.—Miss Lizzie Walker has been appointed School Nurse. She has been Matron of the Styl Scattered Homes.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse Miss Lucy A. Burgess resigns her appointment (May 10).

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Alexina Cowee is appointed to Badminton; Miss Annie Foster, to Taunton; Miss Edith Goodwin, to Douglas, Isle of Man; Miss Jane Marchbank, to Elinton and Cresswell; Miss Katie M. Moore, to Adlington; Miss Rachel Parsons, to Ellesmere Port; Miss Sarah Street Smith, to Sidmouth; Miss Annie Stocks, to Honley; Miss Ethel Ubsdell, to Sundridge and Riverhead; Miss Elvina Wilde, to Southall-Norwood.

PRESENTATION.

Miss Fisher, Matron of the Leeds General Infirmary, whose resignation is to take effect this week, has recently been the recipient of various gifts from those with whom she has worked so long. The members of the Infirmary Board, a few weeks ago, passed a resolution of regret at Miss Fisher's retirement, and at the same time presented her with a cheque for £250. The nursing staff, with a few old nurses from the Leeds district, have presented a writing bureau and chair; the chaplains, who have held office during Miss Fisher's matronship, a beautiful picture of Chartres Cathedral, in recognition of "her ready co-operation in all that tended to the spiritual welfare of the Infirmary"; and the household staff and all the daily washers, a very handsome cider-down and hearthrug.

It should be mentioned that two years ago, in May, 1911, in celebration of Miss Fisher's twenty-fifth year of office, she was presented with a handsome diamond brooch and a cheque for £50, by all the nurses who had trained under her at the Leeds Infirmary during that period, as a small token of their affection and esteem.

NURSING ECHOES.

It was just thirty years ago on St. George's Day this year since the Order of the Royal Red Cross was instituted by Queen Victoria, "For zeal and devotion in providing for and nursing sick and wounded sailors, soldiers, and others with the army in the field, on board ship, or in hospitals." The cross is enamelled crimson and edged with gold, and bears the Royal Effigy, the words Faith, Hope, and Charity, and the date of its institution. On the reverse side the Royal and Imperial Cypher and Crown appear in relief. The Royal Red Cross has always been a coveted distinction, and lustre has been added to it by the fact that it has been bestowed upon and worn by such illustrious members of our profession as Miss Nightingale, and Miss C. G. Loch for devotion and competency, and the care bestowed in training British soldiers and Army Hospital Corps attendants. It is to be regretted, however, that after recognition of Royal services to the cause of nursing had been officially made, the Red Cross was not restricted to trained nurses. There was a good deal of heartburning after the South African War at several of the awards made as the result of social influence, while the work of many nurses who had borne the burden and heat of the day remained unrecognized. Such awards much depreciate the value of the Order.

The annual meeting of the "Guild of Service" was held on the evening of May 9th, in the Chapter House of Southwark Cathedral. The President of the Guild, the Right Rev. the Bishop of Kingston, was in the chair. There was a large attendance of members present. In opening the proceedings, the Bishop spoke of the remarkable way in which the Guild is extending both in numbers and in influence, and paid a warm tribute to the zeal and ability of the honorary officers. The new constitution, which had been prepared by the Council, was carefully considered, and with a few trifling additions was accepted, and the honorary officers and Council were re-elected.

Mrs. Woodward, the Organising Secretary, read a report, in which she pointed out that since the last annual meeting new branches of the Guild have been started at Samford Union, Barham Workhouse and Infirmary, and the Cottage Homes of the Medway Union, the Greenwich and Deptford Schools, at Sidcup, and the Brentford Union, Isleworth. Monthly services and gatherings have been held regularly throughout the year in the London

Diocese. The new quarterly paper of the Guild, only lately started, has already over 500 subscribers. The Guild numbers between 900 and 1,000 members.

The Hon. Treasurer, Mrs. Carden, gave a satisfactory account of the financial side of the Guild, but pointed out that expenses had increased with the increase and spread of the work, and that subscriptions were much needed.

The annual service was held the same evening, at 8.30, in Southwark Cathedral. The Bishop of Kingston preached an impressive sermon, taking for his text, "I am amongst you as he that serveth." About thirty new members were admitted.

The "Guild of Service" is for Churchmen and Churchwomen connected with or interested in our Poor Law, Asylum, and kindred institutions. Its object is to cherish and deepen the spiritual life of its members and probationers.

Any information relating to the Guild can be obtained from the Organising Secretary, Mrs. Woodward, 12, West Cromwell Road, London, S.W.

A little sly fun has been going the rounds at Barts. There is at present a vacancy on the honorary medical staff, and an outsider is trying to "butt in." "Nothing short of an outrage," cried the juniors, "when we have such first-class men of our own."

A naughty nurse suggested that what was sauce for the poor goose, should also be served with the more imposing gander. But the argument was unconvincing. "Imagine the loss of prestige to the Medical School," the boys exclaimed.

In our opinion no policy can be more destructive of loyalty—and public confidence—than for the governors of a leading medical or nursing school to sacrifice their own pupils, and from social outside pressure to promote a rank outsider with inferior qualifications.

We are all on the side of the gander for once.

It was stated by a nurse at inquests held at Camberwell last week on two aged persons at Newington Workhouse, that there was only one nurse at that institution to 112 aged patients.

In returning verdicts of "Accidental Death," the jury added the rider: "We consider that there should be more nurses for the elderly inmates of Newington Workhouse."

Is it a wonder that we so constantly hear of overstrain and a shortage of nurses? Many

Boards of Guardians are at their wits' end for efficient nurses. They simply can't be got. We have spoken with several country infirmary nurses recently. The following are the reasons advanced:—Monotony of work; impossibility of doing the work thoroughly for lack of sufficient help; bad tone and lack of discipline in wards; longing for change; seven-day working week; tired out and dispirited; down grade of nursing profession; abuse of women in newspapers; and bother about the Insurance Act.

We commend these reasons to the President of the Local Government Board.

An asylum attendant, writing in a contemporary, warns those who contemplate entering asylum service to first obtain a thorough understanding of what they are expected to do. He puts their hours of duty per week at anything from 78 to 100, and the wages of nurses at just under 1d., and of asylum attendants at 1½d. for this period. For this princely wage they are, he says, expected to be models of good temper, kind, gentle, good, and with characters above reproach, and their work consists of anything from wax scrubbing and corridor cleaning to the highest forms of nursing. Again, although their ration money is calculated at an annual rate, in a number of asylums no rations are allowed when on annual leave, nor is the food issued. He concludes by pleading for a fair wage and fair hours for a class of workers who are for the most part good hearted, and ever willing to help the afflicted under their care.

The *Catholic Times* urges the return of the nuns to care for the sick in French hospitals for reasons of, firstly, economy—they only cost 200 francs a year, instead of 1,100 paid to lay sick nurses for inferior service. Secondly, on the opinion of physicians; and thirdly, on the wishes of the sick people themselves. It states that throughout France a perceptible movement in their favour has taken place among medical men, who, although they did not protest with sufficient energy against their removal, now proclaim the necessity of their return. At Lille, the medical men sent in a petition to this effect to the Chambers; at Cherbourg, Toulouse, Annecy, Avignon, and other towns, generally on the occasion of an epidemic having broken out among the sick, the nuns have been recalled by the municipal authorities; in Paris, M. de Puymaigre's initiative will probably bring about their return, in some hospitals, if not in all. He proposes that proper attention should be paid to the wishes expressed by the sick.

Owing to the replacing of the nuns only in certain hospitals, those who prefer them to the lay nurses can satisfy their preference, while those who think differently can continue to frequent the lay hospitals.

Whether lay or religious, the question is now largely a question of scientific training in nursing. Ultimately knowledge, and skill, and a high sense of responsibility must decide whether a woman should have care of the sick or not.

It is suggested that when drinking from a cup in a public place one should adopt the habit of drinking left-handed, because when this is done one drinks from the side of the cup that is not generally used. This is a practical suggestion which may be usefully borne in mind.

Sister Katherine Wheatley writes from Constantinople that she is not returning home just yet, as announced. She says:—

“It will interest you to hear that my work is not yet finished. Lady Lowther has asked me to stay out to start the local industries we so successfully established at Broussa, for the British Red Crescent Society, for her widows of soldiers and women refugees who have no men in Scutari, which, of course, includes many from here. I enclose patterns of work made by our women at Broussa. I wish you could get me some orders. All the plain colours, except the cream, are 3d. an arskine, the cream is 2d. All are 18 wide, and it takes 20 arskines to make a dress. Everyone wears the material for summer frocks; it is everlasting and washes well. If not ironed it comes up like crêpe. We also make embroideries of all sorts, patterns of which I hope to bring to England.

This work of finding employment for the women is much needed, it renders them self-supporting and in many cases teaches them a trade. Every penny made goes to the women. Our buildings are large, airy, and light, and they work very happily indeed, besieging us for work. Many bring their babies and sling them across the corner of the room in their hammocks. Each woman is paid for the amount she does, and can earn well from the beginning.

I should be very grateful on behalf of the Society (B.R.C.) for any support you could give us. We look for help from home, by the purchase of material, for the success of our enterprise. We have the sale of a certain amount assured locally.”

Sister Wheatley encloses patterns of pretty cotton materials, which we shall be pleased to forward to anyone interested in her good work. Orders can be sent to her direct to the British Post Office, Constantinople.

AN INTERESTING ANNIVERSARY.

Miss Elma Smith, who has been Matron of the Central London Sick Asylum, first at Cleveland Street and afterwards at Hendon for twenty-one years, celebrated this interesting anniversary last week by giving a tea and supper party to the nursing staff, followed by a whist drive and a fancy dress dance.

The nursing staff presented their popular and much-respected Matron with some lovely roses, and, although Miss Smith has made it plain that she does not wish for gifts at Christmas and other festivals, they claimed the right to break this week by giving a tea and supper party to the nursing staff, followed by a whist drive and a fancy dress dance.

The occasion was a specially auspicious one, as it has always been usual at the Central London Sick Asylum to have a tea party after the final examination, and the results were announced on the same day. All the nurses passed, to their great joy and that of their Matron.

Some of the Sisters are leaving, as well as the newly-certificated nurses, so the party served as the occasion for a farewell to them also.

EXAMINATIONS.

The following nurses have passed their final examination at the Central London Sick Asylum, Hendon, the last to be certificated under this title, as the institution has now passed over to the City of Westminster:—Misses Walton, Moon, Robbins, Cowley, Botterill, Gill, Homer, Gratham, E. Thom, Heath, and Barker.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

The Historical Medical Museum, organised by Mr. Henry S. Wellcome, which is to be opened in London towards the end of June next, will include some objects of exceptional historical medical interest.

An important exhibit in the science section will be a large collection of the original apparatus used by the famous Galvani in making his first experiments in Galvanism in the eighteenth century.

A Nurses' Home has long been urgently needed at the Brighton County Borough Asylum, and it is now decided to erect one at the cost of £4,400. There are fifty-four nurses at the institution, and ten more are required. The home life of nurses in asylums should be made as attractive as possible: the strain of their work is so trying if it is conscientiously done.

Mr. R. Millington Knowles, of Colston Bassett Hall, High Sheriff of the county of Nottingham, who had been asked to contribute evergreens for the Christmas decorations of the wards of the General Hospital, Nottingham, has sent a cheque for £1,000, which he hoped would be of more permanent advantage.

THE NURSING AND MIDWIFERY CONFERENCE.*

(Continued.)

MASSAGE.

A PLEA FOR A BETTER AND LONGER TRAINING IN MASSAGE.

Dr. L. A. Hawkes said that Peter Ling, of Stockholm, was the pioneer of the movement which raised medical gymnastics and massage out of the realm of empiricism and placed them on a sound scientific basis, while massage by direct contact of hand and skin was studied, and subsequently elaborated into a system by Metzger, of Amsterdam. Swedish Medical Gymnastics and massage as at present practised were really a combination of Ling's and Metzger's methods. Neither belonged to the medical profession, and its ever cautious members then, as now, looked with suspicion upon any form of treatment which did not come from one of themselves as savouring of charlatanism.

In the end the recognition of massage came through a medical man. In the eighties a treatment for neurasthenia originated by Dr. Weir Mitchell, of Philadelphia, was introduced into this country by Dr. William Playfair. Its principle features were isolation, rest in bed, and forced feeding, and massage was employed to replace exercise.

Owing to the lack of expert masseurs, who would maintain a moral influence over the patients, Dr. Playfair picked and trained his own nurses. The Society of Trained Masseuses was founded in 1894 and received its Charter in 1900 and had raised a profession from a condition which tended to sink as low as that to which 1900 years ago the practice of massage had fallen in Greece to one recognised and honoured by the English-speaking race.

THE TRAINING.

The value of massage and remedial exercises was now fully recognised by the medical profession, and every large hospital had its massage department, and in many a special teacher was engaged to instruct the nursing staff. With this advance, the masseuse had shared. More and more knowledge was required of her; and to obtain that knowledge, a longer period of training was required.

Outside the hospitals, physicians and surgeons felt the necessity for calling in the skilled assistance of the masseuse and medical gymnast; and the directions for treatment given to these skilled workers were often of a general character. It, therefore, behoved the masseuse to have some knowledge of the illness or injury from which the patient was suffering, the effect her massage and movements would produce, and to note quickly whether the results were beneficial or the reverse.

Dr. Hawkes said that it was in many ways to be regretted that the practice of massage had been so absolutely free and unrestrained, without any controlling power, either by legislation or

by some body with powers similar to those exercised by the General Medical Council, or the Incorporated Law Society.

The foundation of the Society of Trained Masseuses was an act of self-defence; and a protest against the results of insufficient training, which was bringing the whole body into contempt. The granting of the charter was but an act of grace.

It would have been better at that period to have established a Board of Control (perhaps, even now, it was not too late), whose function would have been to hold examinations which every man or woman wishing to practise massage would have to pass—with the power to supervise and inspect all training institutions. There would doubtless have been the usual protest against interfering with the liberty of the subject—but if liberty meant the power to grant certificates after a few weeks' training, with the natural aftermath of bad, or at any rate indifferent work, there were few who would not agree that servitude was sometimes better than independence.

Setting aside the methods of irregular practitioners, Dr. Hawkes discussed the training for the examination of the Incorporated Society. The requirement of the Society was that no student should be presented for examination who had not completed at least three months' study.

He thought that this period of training must have been decided upon in the days when less knowledge of the subjects was required, and when the standard of education of the students was not so high as at present. More importance was then attached to the practical work, and the other subjects were of a more elementary character than they are now.

While the demand for a higher standard of knowledge had increased, the regulation had remained unchanged, so that the examination which could have been passed at the end of three months in the early days could not possibly be successfully attempted now without resort to a process of cramming fatal to good work, and much to be deprecated. The speaker said he did not believe that any ordinary person could possibly absorb (so as to be of real practical use afterwards) the anatomy in Mrs. Palmer's book in less than six months, still less that in Miss Despard's book, giving 1½ to 2 hours a day to the work.

The subject might be taught, but the absorption of the teaching entirely depended on the receptivity and diligence of the student which was quite another thing.

Further, Dr. Hawkes showed that much more practical work is now demanded than formerly, of which he expressed his approval, but maintained that in elaborating the training great responsibility was accepted, and therefore it should be insisted that more time was given for training efficiently in the subjects required for the examination. He considered that greater opportunity should be taken to give instruction in the causes and symptoms of the diseases to be treated. This

* Held in London, April 1913.

would give a greater sense of confidence in the work and tend to temper a swelled-headedness, so often the half-brother of ignorance, with a very necessary element of caution.

The speaker concluded by a quotation from Dr. Stretch Dowse's lectures on massage and electricity: "I am confident that if massage is to take its place as a therapeutic agent its manipulations must be carried out by those skilled and practised in its use; but there must be a system and a science in everything, and the treatment of disease by massage in a perfunctory way, without a complete systematic knowledge, simply leads and gets the whole thing into discredit, and unfortunately involves those who have associated their names with it."

Acknowledging a vote of thanks for his address, Dr. Hawkes remarked that the back of the Incorporated Society of Trained Masseuses needed a good deal of stiffening. It was not making the fight it should. More masseuses were coming into the field than were required, and as the medical profession had raised its standard from three to five years, so the masseuses trained should be limited, and the standard raised, through a Central Governing Body with adequate powers of control.

SOME HINTS ON TRAINING NURSES IN MASSAGE.

The last paper of the afternoon was read by Mrs. Houghton Stewart, I.S.T.M., who advocated a six to eight months' course with the whole of the day devoted to work—a good workman's eight hours. Every minute was required, and last, but most important of all, the practice. With this the hand gradually adapted and moulded itself more and more, the touch got nearer and nearer perfection, more comfortable, softer, firmer, deeper. In this respect it was almost impossible for a nurse still carrying on her often already heavy duties in her ward to compete with others who had the whole day before them, and also, added to this, her poor hands were hard with the use of disinfectants. Was it to be wondered at when she failed?

Method of Training.—Besides the usual routine work, it was most important that during the latter part of the training the student should have practical work at the hospital or infirmary under medical or other suitable supervision.

Teachers.—The speaker was of opinion that the teacher must be born, not made. You could not pick out any nurse promiscuously and send her in a cut-and-dried way without any previous knowledge of her capabilities in that direction. It was often owing to this little oversight that you would have a whole batch of nurses fail in their examination and would wonder why.

Professor Behring gave an account recently at the Medical Congress at Wiesbaden of a new antidote to diphtheria. It consists of a mixture of diphtheria toxin and anti-toxin which, in contrast with the old Behring serum, is completely harmless and is more lasting in its effects.

OUTSIDE THE GATES.

CAMEO LIFE SKETCHES.

Mrs. Marion Holmes has just added to the series of Cameo Life Sketches of eminent women, which she writes with such skill, the story of the life of Frances Mary Buss. It is published by the Women's Freedom League, 1, Robert Street, Adelphi, W.C., price 3d., a price which brings it within reach of all, and no doubt Miss Buss' many friends and former pupils at the North London Collegiate School for Girls will appreciate the opportunity of possessing so excellently-written a history of her life and work. As with all pioneers, courage, tenacity, self-sacrifice were required of her, and were not found wanting. When in 1870 some of her personal friends agreed to form a trust, so as to turn her private school into a public school for girls "she handed over to them the result of her twenty years' labours to be held by them for the public good. There were at that time 200 pupils at the North London Collegiate School for Ladies; the school was her own private property; all the income it produced was her own. She was under no supervision as regards her work; she had perfect liberty to work out her own theories in what way and for as long as she might please. Put into plain language, her gift amounted to this: after being all her life her own mistress, she put herself under rule; in addition to this loss of personal freedom she risked a certain income, and gave herself freely and gladly to the labour of a new organization, with its anxiety, struggles, and all the chances of failure that ever lie in wait for any departure from the beaten track."

Strange as it may seem in these days, "there was a good deal of prejudice against the idea of a public school for girls, involving as it did a mixture of different social grades, and other innovations that were regarded as most undesirable. The fees under the new trust were calculated to meet current expenses only; the building was to be provided from other funds as was done in boys' public schools, but while £60,000 could be obtained at one meeting for boys' education, it took three years of anxious and untiring effort to raise £700 for the sisters of the boys. Self-sacrifice was called for and Miss Buss, who had already made over as a free gift all the furniture and school plant which she had acquired for her own school, now cheerfully sacrificed her salary to be used for working expenses, and to meet the inevitable risks of the transition period took boarders into her own house." It is scarcely possible to imagine a greater sacrifice than that of the surrender of personal liberty of action.

It is interesting to learn that "Josephine Butler," published in the same series, has reached the tenth edition, and the sketches of "Elizabeth Fry," "Florence Nightingale" and "Lydia Becker" have gone into three and four reprints. They are being sold practically for the benefit of the Woman Suffrage movement.

BOOK OF THE WEEK.

THE WEAKER VESSEL.*

Mr. E. F. Benson's latest work is, as is usual with his efforts, a mixture of amusing caricature and serious psychological study. Only the pity of it is that his talents do not take a wider range. One gets a little wearied of the country clergyman's wife, though one is bound to admit that she is generally amusing, that is to say, in Mr. Benson's hands, but we feel that there are many other targets that he might select for shooting purposes. Also his psychic studies are morbid and too often sordid, and leave one with a more unhappy outlook on human nature than is pleasant or wise. We are plunged at the first page into a Harvest Festival at the village church, where the writer is in his element.

Mrs. Ramsden, the vicar's wife, was presiding over the music, her particular characteristic was that she was always very "bright."

"Her temperament was as angular as her person. There were to her no such things as venial sins or faults that could be corrected with a smile instead of a frown. Either a thing was right or it was wrong, for if not, as she sometimes remarked, 'where are we?' That evening she had to go and see what she believed to be a very sad case, and one in which she knew exactly where she was.

"'And to think she was a kitchen maid of my own,' she said. For the moment Mr. Ramsden drew the inference that other people's kitchen-maids didn't matter so much.

"'And the child?' asked the vicar.
" 'I understand the child is a healthy male,' said his wife, finishing her toast and marmalade."

It was to escape from this "bright" lady that Eleanor, her step-daughter, took a situation as governess, where Harry Whittaker comes across her path. Harry Whittaker wrote plays, quite successfully and Eleanor acted in them, at least she did so after their marriage, which came about in due course. But the "lovely cheques that come every Monday," which Eleanor waxes enthusiastic about, can only be won when Harry's brain is stimulated by drink. When Eleanor discovers this, she behaves like a plucky and courageous woman and her love wraps itself round his weak character like a protecting angel's wing.

"Harry, I am so sorry. It was so disgusting to see you like that, and it's so wicked, and so dangerous, but I am glad you told me."

This was all very well, but his vices do not end with intemperance in drink. He has a sordid intrigue with an actress, Marian Anstruther, from which Eleanor again rescues him, or rather, thinks she does. It is pushing forbearance to her face to make Eleanor tolerate his mistress beside her at Harry's sick bed.

"Would you like to see her, dear?" she said.
"Shall I ask Sir James if he will let you?"

* By E. F. Benson, (Heinemann, London.)

Then suddenly Harry's eyes grew dim.
"My God, you offer that!"
"Yes, my darling, of course I do, if you wish it."
This episode, of course, stamps its male origin; but it strikes us as ignoble and wanting in self-respect.

Undoubtedly the best thing this poor Harry could have done was to quietly die at this juncture, but for some reason Eleanor at the close of the book is still chained to this feeble character, whose body, in addition, has become paralysed below the waist. It hardly compensates for the waste of love, energy and life for which he is responsible, that he says:

"Oh, Nellie, I owe you everything—absolutely everything. And the debt is no burden. I love it. I shall be cross and tiresome and impatient a million times. But will you remember I am trying to do bet'er?"

"She kissed him."

H. H.

COMING EVENTS.

May 16th.—Q.V.J.I. Bryn-y-Menai Home of Rest for Queen's Nurses. Matinée by the Amateur Stage Club. Royal Court Theatre.

May 19th.—Princess Christian lays the Foundation-stone of the Helena Building of the Royal Free Hospital, 2.45 p.m.

May 21st.—Alexandra Hospital for Children with Hip Disease, W.C. Linen and Clothing Fund. Annual Meeting, 3.30 p.m. Tea and coffee in the Wards, 4 p.m.

May 22nd.—Meeting Central Midwives Board, Caxton House, S.W.

May 24th.—Matrons' Council of Great Britain and Ireland: Quarterly Meeting, 431, Oxford Street, London, W., 3.30 p.m.

May 26th-31st.—Post-Graduate Week at York Road Hospital, S.E.

NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

June 3rd.—Reception of Guests in Royal College of Surgeons, Dublin. 8.30 p.m.

June 4th to 6th.—Conference and Exhibition organised by the Irish Nurses' Association, Royal College of Physicians, Dublin.

IN CHRISTIAN ENGLAND ON SUNDAY.

"But what about the women?" shouted some one in the crowd. "Burn them," came the answer from another quarter, at which there was cheering.—*The Times*.

A WORD FOR THE WEEK.

"All who administer in the government of men, in which they stand in the person of God Himself, should have high and worthy notions of their function and destination; their hope should be full of immortality; they should not look to the paltry pelf of the moment, nor to the temporary, and transient praise of the vulgar, but to a solid permanent existence."—*Burke*.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

NURSES NOT SATISFIED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—I think that the Prime Minister's reply to the Deputation which waited upon him on April 28th was far from satisfactory.

What struck me was the superficiality of his remarks; one might reasonably expect from a lawyer a certain measure of profundity in argument, and logical reasoning, in dealing with a matter which he himself admits is of importance to the "community at large." We find, on the contrary, that he puts forward no arguments, he merely talks in a conciliatory manner, such as one would adopt in speaking to children who were asking for something they could not have. His remarks are not logical. He takes the fetish of numbers and draws false conclusions. It is frivolous to make use of numbers to support a claim unless it represents opinion based on knowledge. The ninety-one chairmen of Hospitals mentioned by Mr. Asquith as opposed to State Registration for Nurses, do not represent either professional or lay opinion, they merely represent their own personal views! Neither do the collective 244 Matrons represent the opinion of their Nurses—many of whom are—we well know—directly opposed to their Matrons' narrow views, and autocratic attitude towards the needful reform. The next figure is 1,332; this is said to be the number of Nurses opposed to the measure, besides 340 doctors. That may very well be so, but as far as my experience goes, those Nurses opposed to it usually understand little or nothing about it! The 340 doctors again only represent themselves, so are not *representative*. Numbers are of value only in so far as they are truly and honestly representative. For instance, as the General Medical Council and the British Medical Association have passed Resolutions in favour of the Reform, we know absolutely that those two important bodies desire the State Registration of Nurses; to say nothing of all the other bodies who have used numbers in the same legitimate way. If Mr. Asquith relies upon numbers, he should have made a mental subtraction sum, namely 40,000 less 1667—majority for State Registration of Nurses 38,333!

Yours truly,

BEATRICE KENT.

Colosseum Terrace, N.W.

NURSES, PLEASE SPEAK OUT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—I note your advice to nurses to "speak out" before it is too late on the Bill to

Amend the Law with respect to Bankruptcy and Deeds of Arrangement." I quite feel with "Member R.N.S." we are a very inert profession, but even when we do speak out, what do we gain by it? Nothing but to "pay, pay, pay," under the National Insurance Act; and as for Registration, many of us have worked, paid, and spoken for this reform for years, and what is the result? Nothing but advice from the Premier which is absolutely useless. Fancy saying to deputations of working men's unions, "Go to your employers, your paymasters, and when your views are unanimous then you shall have what sort of legislation you can agree upon"! This is not possible. Legislation is required to protect the workers from unfair conditions, and nurses are in the same position, only more so, because they have no votes, as male operatives and other industrial workers. The Premier might as well advise us to go into a lion's den and not expect to be caten up. If hospital committees knew anything about nursing without being told, or had dealt justly with our education or conditions, we should not have troubled the Premier for reforms. As it is, what with Parliament and what with employers, we nurses are merely shuttlecocks between two battledores.

The only way out, it appears, is never to go in, and that is what our unjust treatment is resulting in—a shortage of nurses, and suffering for the sick poor. For a quarter of a century nurses have been begging and praying for better conditions. If speaking out has no effect, my advice is, keep out of institutions where the employer is permitted absolute power over you, body and soul, as they have in hospitals, infirmaries, and asylums. In no other work is this power permitted; why should it be encouraged under the cloak of charity?

Yours truly,

A BADLY-TRAINED NURSE
WHO RESENTS IT.

OUR PRIZE COMPETITIONS.

May 24th.—What are the signs before delivery that the child's life is in danger? What would you do in such a case?

May 31st.—Say what you know about epilepsy and its treatment.

NOTICES.

WHERE TO GET THE B.J.N.

If unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. If you ask for this Journal, do not be put off with a substitute. Copies can always be procured at the offices, 431, Oxford Street, London, W., and through Messrs. W. H. Smith & Son. In Scotland from Menzies & Co., Glasgow; and in Ireland from Fanning & Co., Dublin.

The Midwife.

THE CENTRAL MIDWIVES BOARD.

LIST OF SUCCESSFUL CANDIDATES.

The following is the list of successful candidates at the Examination of the Central Midwives Board, held in London on April 22nd, when out of 292 candidates 231 passed the examiners, the percentage of failures being 21.

LONDON.

British Lying-in Hospital.—I. M. A. Brown, E. C. Green, M. Macdonald, L. H. Torikian.

City of London Lying-in Hospital.—E. Allpress, I. L. Bettany, N. B. Bodey, F. M. Clarke, I. E. G. Hallett, A. C. Harwood, M. A. Lovett, E. M. Morris, H. M. Robertson, E. J. Shoebidge, A. M. Turner, C. R. Watkins.

Clapham Maternity Hospital.—L. E. Adams, S. I. Footner, S. A. Millerslip, A. Saunders.

East End Mothers' Home.—S. A. A. Finlay, B. B. Gee, J. G. Macfarlane, N. C. McMullen, H. F. Peile, C. M. Raffin, E. M. Slaughter, M. Trotter, L. B. Williams.

Edmonton Union Infirmary.—L. Crowther, D. E. Humphreys.

General Lying-in Hospital.—E. P. Annand, N. Ball, A. G. Bargate, J. H. Brown, M. Brown, M. Byard, S. Chudley, J. M. Drummond, A. Eggett, A. L. Eley, M. E. Foulger, P. Fox, M. E. Frank, B. L. Frape, C. W. Green, A. C. Hughes, A. E. Johnson, C. E. Laycock, M. W. Macdonald, W. Morris, A. M. Mothershaw, M. M. Mfgliston, E. E. Pratt, G. M. Scott-Whyte, S. A. B. Souter, A. Wightman, M. E. Wilkinson, A. C. Winch, A. C. Woods.

Guy's Institution.—E. K. Achurch, B. Poole, H. Taylor, L. B. Tyers, L. M. Yeoman.

Islington Workhouse.—K. J. McArdle.

Lambeth Parish Workhouse.—M. Harvey, E. M. Mercer.

London Hospital.—M. L. Burgess, E. M. Elvins, M. B. Hall, R. E. Martini, M. C. Smith.

Maternity Nursing Association.—I. C. Cole, J. Rodmell, E. H. Ubsdell, R. A. Wedekind.

Middlesex Hospital.—R. J. E. Bowie, E. Stephens.

Plaistow Maternity Charity.—H. M. Argyle, E. S. Ashby, C. Brown, A. M. Burr, E. A. Claret, M. Edwards, F. R. Evans, H. Fielder, F. A. Fogden, S. G. Geater, E. Gemmell, A. M. Griffis, E. E. Harris, J. Hughes, M. C. Jones, N. F. Mifflin, A. C. Newport, G. M. Piper, E. Williams, G. L. B. Wiseman.

Queen Charlotte's Hospital.—M. A. Bone, M. D. Boulton, E. A. Charter, E. Cornish, P. M. Dickson, A. M. Fisher, M. Godfrey, A. F. Hammond, M. D. Milne, F. M. Smith, E. B. Ward, F. M. Wharton.

"Regions Beyond" Missionary Union.—D. Connor, E. M. Cowe.

Salvation Army Maternity Hospital.—A. E. Barnett, F. A. Brown, F. E. Greenyer, C. M. Lauritsen, E. H. Pearson, A. M. Thomas, F. M. Whittaker.

Shoreditch Union Infirmary.—L. M. Milne, E. G. M. Smith.

University College Hospital.—M. K. Cooper, B. M. K. Gibson, A. B. Wharin.

Whitechapel Union Infirmary.—M. J. Barrett, S. Roberts, L. C. I. Smith.

Woolwich Home for Mothers and Babies.—C. A. Atkinson.

Woolwich Military Families' Hospital.—E. F. Davey, L. M. Ridgewell.

PROVINCES.

Aldershot, Louise Margaret Hospital.—E. Crompton.

Brentford Union Infirmary.—L. M. Whelan.

Bristol Royal Infirmary.—D. M. Adlem, G. Chettle, L. Hayward, E. K. Jackson.

Birkenhead Maternity Hospital.—S. Davies.

Brighton and Hove Hospital for Women.—D. M. Dalton, F. Miller, K. F. Powell, V. I. Shirliff, C. M. Smith, K. M. Tugman, M. E. Waters.

Chatham Military Families' Hospital.—M. Begg, C. E. Lusic.

Cheltenham District Nursing Association.—M. A. Jones.

Derby Royal Nursing Association.—J. S. Paxton, A. Straw.

Devon and Cornwall Training School.—M. K. Cockle.

Eastbourne Workhouse Infirmary.—D. J. Lamb.

Gloucester District Nursing Society.—A. S. Hawtin.

Ipswich Nurses' Home.—E. C. E. Lindsay, E. Sapsworth.

Kingston-on-Thames Union Infirmary.—A. Guilhemfouert.

Liverpool Workhouse Hospital.—E. M. Roberts.

Manchester, St. Mary's Hospitals.—A. Brown, E. A. Lowe, C. Meekin.

Norwich Maternity Charity.—J. H. Hubbard.

North Evington Infirmary.—M. K. Cleaver.

Nottingham Workhouse Infirmary.—S. F. Pearson.

Portsmouth Military Families' Hospital.—R. J. Davis.

Portsmouth Workhouse Infirmary.—B. R. Cole, M. L. Ridoutt.

Shorncliffe, Helena Hospital.—H. McNab, M. J. Manley.

Southampton Union Infirmary.—L. A. Foley, E. King.

Windsor, H.R.H. Princess Christian's Maternity Home.—M. E. Green, E. R. Taylor.

Worcester County Nursing Association.—Annie E. Green.

York Maternity Hospital.—E. M. Cuff.

WALLES.

Cardiff, O.F.J.N.I.—G. E. Griggs, A. M. Russell.

Merthyr Tydfil Union Infirmary.—S. A. Watkins.

SCOTLAND.

Aberdeen Maternity Hospital.—M. A. Paterson.

Edinburgh Royal Maternity Hospital.—M. Atchison, A. E. Landles.

IRELAND.

Belfast, Ulster Hospital.—M. Fleming.

Dublin, Rotunda Hospital.—R. D. Alder, L. A. Brown, E. Irvine, A. J. E. Kernahan, I. D. Lowndes, E. F. Stephens.

Lurgan Infirmary.—M. Shiels.

PRIVATE TUITION AND INSTITUTIONS.

G. H. F. Alexander-Parry, B. Barber, L. J. Bayly, N. M. R. Bell, E. A. Brown, E. A. Burton, S. H. Butcher, A. M. Carver, B. Coventry, M. F. Crowther, M. M. Dauncey, F. M. Drew, M. B. Elliott, M. F. Fancutt, B. L. Fenn, B. A. Giles, A. A. Grindrod, M. P. Ibbs, F. Jackson, E. F. Jones, S. Laing, E. Marshall (Paddington Workhouse Infirmary), M. Moody, C. Moore, E. L. Moore, F. Pibworth (General Lying-in Hospital), F. R. Pickard, L. Reading, L. Reidy, E. K. R. Richards (Edmonton Union Infirmary), F. E. Robinson, E. Small, E. H. Smith, M. A. Smith, D. Saines (General Lying-in Hospital) L. P. Steiner, C. M. Torr, F. M. Wiggins, A. I. Williams, E. Williams, J. Williams, M. J. Williams (Fulham Union Infirmary), E. T. Wood.

THE MIDWIFERY CONFERENCE.

THE LAW RELATING TO THE QUALIFICATIONS, RIGHTS AND DUTIES OF THE MIDWIFE.

The midwives who listened to Mr. Douglas Knocker's paper, and learnt that he was willing to answer questions, availed themselves of the opportunity.

Mrs. Lawson enquired whether, if a woman had taken part in a Suffrage demonstration, and happened to be convicted, the Central Midwives' Board had power to strike her off the Roll.

Mr. Knocker replied that the Central Midwives' Board had wide and arbitrary powers. If it struck a midwife off the Roll for the reason stated, he should advise her to appeal to the High Courts, and obtain a judicial decision.

Mrs. Lawson also enquired, in the event of a patient having right of action against a midwife for negligence, if she did not show the skill which might reasonably be expected of a person holding herself out in this capacity, who was to be the judge of her skill? Mr. Knocker replied: An ordinary British jury.

Mrs. Lawson then asked whether the bonâ-fide midwife would be expected to show the same skill as the one certified, after examination. Mr. Knocker thought that would to some extent depend upon whether she declared herself only a bonâ-fide at the time of her engagement. His questioner further asked why both were put on the

market as the same; and was told that the responsibility rested with Parliament.

She then wanted to know whether a midwife, attending out-door cases for a hospital, would be entitled to compensation, if she sustained illness or accident while on duty. Mr. Knocker considered these amongst the risks she undertook as a midwife. If receiving a salary, she might get compensation under the Workmen's Compensation Act, but there must be a contract of service. The whole thing turned on the bargain between the particular midwife and the particular hospital.

A further question, asked by Mrs. Lawson, was whether, in the case of negligence being proved against a midwife, the action would lie against the hospital or against the midwife.

Mr. Knocker said it had been held in a court of law that hospital authorities were not responsible for the negligence of their servants.

Mrs. Parnell enquired whether a monthly nurse would be able to recover her fees, in the event of the patient having miscalculated the time of confinement. Mr. Knocker replied this depended on the agreement. Supposing a prospective patient engaged a midwife to attend her if she had a baby on the first day of the month, and the baby was born on the second day, the agreement was not binding. Mr. Knocker advised that a midwife should always write a letter to the patient, stating the terms of her arrangement, and ask the patient to acknowledge it. She should keep a copy of her own letter.

Miss Breay asked whether a contract could be sustained, if it were only verbal; and Mr. Knocker replied that there was no obligation to have the contract in writing; the bargain held good, whether it was verbal or not. The question was what the court believed.

Miss Mackenzie wished to know why a midwife only received 1s. when giving evidence in a coroner's court. Mr. Knocker was unable to account for it, except by suggesting that some of our legislation dates from the days of Noah.

Asked a further question, as to the right of a midwife to compensation, he said that this turned on the question as to whether her labour was casual or not. In the case of a man who was employed in cutting down trees, and nearly killed, it was held that his labour was casual, and he was, therefore, not entitled to compensation.

A midwife present cited a Battersea case, recently decided, in which the midwife cut her hand with a glass, and subsequently was obliged to have it amputated. She obtained compensation from the husband of the patient.

In reply to a question from Miss Elsie Hall, on the question of compensation, Mr. Knocker said that, assuming a midwife to have been careless, and the courts held she had broken her bargain and was not a skilled midwife, in awarding damages against her the pecuniary loss suffered would be taken into consideration. Supposing a wife were laid up for six months with white leg, and the husband had to pay some one to manage the household, he would be entitled to compensation.

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EDITORIAL.

THE MENTAL DEFICIENCY BILL.

When Parliament reassembles on May 27th, one of the first Bills of which the second reading will be taken, will be the Mental Deficiency Bill "to make further and better provision for the care of Feeble-minded and other Mentally Defective Persons and to amend the Lunacy Acts."

No one can consider the large amount of feeble-mindedness in this country, and the rate at which it is increasing, without realizing that it is one of the most pressing problems with which the nation is confronted. The deficiency is by no means limited to the individual, indeed the mentally-deficient seem to multiply at a greater rate than ordinary individuals, and their mental characteristics are most persistent.

Thus a speaker at the recent Nursing Conference told of a family in which the great grandmother was "not exactly a thief, but light-handed." Of four children, two sons were in asylums, the third was an incorrigible vagabond, the fourth—a daughter—never married.

The incorrigible vagabond married a normal woman as his first wife, and had two boys; the second time he married an imbecile, and had eight children in whom the family history repeated itself.

Thus, not only for the sake of the family into which such misery is introduced, but for that of the nation, which has to provide institutional treatment, at great expense, in asylums, prisons, and probably inebriate homes and reformatories for its members, it is essential that steps should be taken to deal with the mentally unfit.

The classes of persons dealt with in the Bill are idiots, imbeciles, feeble-minded persons, and moral imbeciles, the last men-

tioned being defined as "persons who, from an early age, display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has little or no deterrent effect."

It is provided in the Bill that all these defective persons may be dealt with under the Act by being sent to, or placed in, an institution for defectives, or placed under guardianship, under certain definite conditions up to the age of twenty-one.

Over twenty-one, moral imbeciles and feeble minded persons can only be dealt with compulsorily if, in addition to being defective they are (1) found to be neglected, abandoned, or cruelly treated, (2) found guilty of any offence, (3) are undergoing imprisonment, detention in a reformatory or inebriate reformatory, or are detained in an institution for lunatics, criminal or otherwise, (4) who are habitual drunkards, (5) in whose case notice has been given by the local education authority, or (6) who are in receipt of poor law relief at the time of giving birth to an illegitimate child, or when pregnant of such a child.

In these respects we appear still to be following the bad old system of allowing disease to develop before we attempt to cure it. Thus at present we make people prove destitution before the State will assist them, when a little timely help or loan in time of difficulty might have prevented the destitution.

In the same way a person must be a certified lunatic before being eligible for asylum treatment, and the disease is then so established that it is difficult to cure. Again, treatment in the early stages might prevent many people from coming on the rates at all as certified lunatics.

To be satisfactory the Bill must aim at prevention as well as cure, and we hope this will be emphasized during the discussion on the second reading.

NURSING "NERVOUS" PATIENTS.

BY MILDRED LUCIE SPACKMAN.

By nervous patients I mean those with highly strung nervous temperaments, or suffering from nervous breakdown. "Nervousness," in the medical sense, must not be confounded with timidity, or mental cases.

The nurse who is most successful with nervous patients is she who possesses a nervous imaginative temperament, well under control. She must be extremely tactful, sympathetic, and adaptable. Mr. Stephen Paget suggests that a doctor is much improved, from his patients' point of view, if he has to undergo a severe operation, or has a serious illness, at the beginning of his medical career; this (though it sounds unkind) is perhaps also true of the nurse. She would understand—to her patient's benefit—the minor worries of invalidism, and remember that an invalid's point of view is often out of perspective. The nurse must always keep her mind open to fresh impressions, remember that no two people are alike, and that no two patients can be treated exactly in the same way. Above all, she must take care of her own health, and never let her thoughts dwell on the patient when away from her.

It is unfortunate that there is a widespread idea that sympathy is bad for nerve patients, and that they do not deserve it. Nothing could be more erroneous. "Sympathy" is not synonymous with "pity," neither is it sympathetic to tell a patient how ill she looks, or otherwise encourage her sensations of ill-health. Sympathy, in the true sense of the word, will enable the nurse to comprehend the patient's feelings, win her confidence, and thus be able to help her. It is always possible that a patient's nerves are upset by a secret trouble, though she may pretend some other cause. Nervous patients are usually over-sensitive, and the nurse should be very careful to avoid snappiness, however "trying" the patient may be. The patient probably finds her equally "trying," and is suffering more. A patient who has been snapped at may refrain from expressing any emotion (which does not imply that she is not affected by it) for the remainder of her illness, and will certainly never confide in her nurse, or respect her. Too much self-control is sometimes as bad as too little.

Nervous terror of the most ordinary incidents is a frequent symptom in nerve cases, especially after a long illness or bad attack of influenza. Many patients—often the worst

cases—do not talk of these feelings, through pride, or fear of being thought silly, or even insane. If the nurse suspects the existence of these feelings, it is perhaps kinder for her apparently to ignore them. She can help the patient without alluding to it. She might speak casually of a "case she once had" where the patient suffered from nervous terrors, and who forgot them as she recovered. And if the patient is "nervous" of speaking to people, the nurse could—momentarily—take the lead in the conversation when a visitor comes in, and gradually efface herself. In time the patient will rely on her, and cease to be conscious of her nervousness. With any form of nervous terrors, if the patient has confidence in, and reliance on, her nurse, it will be easier for her to regain her normal condition than if she had not that confidence and reliance. This is especially the case if the patient is inclined to give way, or does not recognise the sensations as abnormal, and know what is normal.

Some patients implore the nurse not to leave them alone with the doctor; others prefer the nurse to be absent during the medical interview. The patient's wish should always be studied in this matter, and if she expresses none the nurse should leave patient and doctor together, without appearing to have made a point of doing so.

Nervous patients require more rest than others, and the nurse must see that it is undisturbed. She must not go into the sick-room after the patient is made comfortable for the night, unless for any important reason. The very fact of expecting the visit would keep many people awake, and if the patient had fallen asleep, there is always the risk of waking her, and thus causing a bad night. Some patients wake up at one or two in the morning, and find it impossible to sleep again. A glass of hot milk often remedies this, and it could be put in a vacuum flask on the bedside table the night before, so that the patient can help herself at whatever hour she awakes. Rest during the day is equally essential. A patient who feels wretched and unstrung is generally much better after an hour or two's absolute quiet with an interesting novel, or, if tired as well, a long sleep. Nervous patients should cultivate the art of lying quietly and restfully when unable to sleep.

Many patients dislike being asked how they are and how they have slept immediately the nurse enters the room in the morning. Great tact is often required in asking any questions at all, and if the patient can be induced to give

the nurse all necessary information without being asked, so much the better.

The patient's diet will be prescribed by the doctor, but the nurse should see that it is daintily served, and as varied as possible. The appetite is even more capricious than is usual with an invalid, and a very slight thing may cause the patient to enjoy, or refuse, a meal. All food should be light, nourishing, and extremely digestible.

Fresh air—if only through an open window—sunlight, and cheerfulness, are all necessary to the patient's recovery. People who are dull, or pay lengthy visits, or are exceedingly emotional, should be excluded from the sick room.

Some colourings in wall papers are more soothing than others: green and blue are the best shades. Unfortunately, it is rarely in the nurse's power to choose.

An over-crowded room is never restful, and it is always possible to remedy this matter.

OUR PRIZE COMPETITION.

WHAT ARE THE SIGNS BEFORE DELIVERY THAT THE CHILD'S LIFE IS IN DANGER? WHAT WOULD YOU DO IN SUCH A CASE?

We have pleasure in awarding the prize this week to Miss Nellie Chopping, Sittingbourne, Kent.

PRIZE PAPER.

Auscultation.—The condition of the fœtus before delivery can be determined by auscultation, that is, listening to the foetal heart sounds and finding out whether they are regular, and their frequency. The normal rate is from 130—150 beats per minute, care being taken to count between the uterine contractions.

Should the beats rise to or above 160 or fall below 120 beats per minute, it is very sure that the fœtus is in danger of its life. This is one of the signs of prolonged labour, and the patient must not continue longer without medical aid, which should be sent for at once.

Palpation.—Tumultuous movements on the part of the fœtus show that all is not well with it and also indicate prolonged labour.

If on palpation the presentation is found to be abnormal, such as transverse, brow, &c.; these conditions will prove more dangerous for the child during delivery, as version will have to be performed. In breech presentation the prognosis is not so bad as in the former case, but great care should be taken to have a warm sterile towel in readiness, to cover the buttocks when born, as the colder air coming in contact

with them causes the child to make premature attempts at breathing, and doing so sucks in the mucous and other discharges from the vagina, and would result in asphyxia.

A loop of the cord should be gently pulled down as soon as the umbilicus is born, as this not only relieves pressure and traction on the cord, but by feeling the pulsations the condition of the fœtus is ascertained, and if the pulsations are weak not a moment should be lost in delivering the rest of the child.

Vaginal Examination.—Presentation and prolapse of the cord, especially the latter, are very serious conditions for the child, owing to the length of time the cord is exposed to pressure during delivery.

The patient should immediately be placed in the knee-chest position, that is, with the head lowered and the buttocks raised. This will relieve pressure on the cord and it may eventually slip back to the fundus.

If assistance has not arrived, and the patient tires of her position, she may be placed in Trendelenberg's position: this is done by placing an inverted chair on the bed, covering its back with pillows, so as to protect the patient, who is placed with her head and shoulders on the bed, her body on the back of the chair and her legs flexed at the knee at the highest point of the chair. This is more comfortable than the knee-chest position, and can be maintained any length of time.

Hæmorrhage on the part of the patient, whether accidental or unavoidable, early in pregnancy or during delivery, cannot fail to be a source of danger to mother and child.

Treatment.—In each of the above cases, the following should be prepared in addition to the things necessary for the patient, in case the baby should be born asphyxiated:—

Hot and cold bath, a mucus catheter, or failing one, a gum elastic catheter, some brandy or whisky, some clean linen for wiping catheter, some square pieces of gauze in case mouth to mouth respiration is performed, some bath towels, and a warm receiver.

If the child is born in white asphyxia (*asphyxia pallida*) the cord is severed at once and the child held head downwards to allow the mucus to run out of the mouth. It should then be placed in a bath of water of a temperature of 100° F., and while in the water the mucus should be sucked out of the trachea and larynx with the catheter. The child should then be taken out of the bath and dried with a warm towel. Sylvester's method of artificial respiration should be persisted in until it passes into blue asphyxia (*asphyxia livida*), when, after

taking the child out of the hot bath, it should be plunged for a second into the cold bath, then artificial respiration should be performed again and the treatment continued until the child has recovered sufficiently to cry, when it may be taken before a fire and Marshall Hall's method performed. A little brandy or whisky may be rubbed on the chest and gums.

If the child is born in blue asphyxia, the cord must not be cut until it has ceased pulsating. While waiting, the mucus should be cleared from the throat, and a few smart slaps on the buttocks may do all that is required.

HONOURABLE MENTION.

The following competitors are accorded honourable mention: — Miss Elizabeth Douglas, Miss H. Scott, Miss H. Ashley, Miss B. James, Miss M. Jarvis.

Miss Douglas mentions that if a woman has had syphilis, the placenta may get infected, and endanger the life, or cause the death, of the child. A syphilitic woman should be under a doctor's treatment.

In vertex presentation there may be a long labor owing to a contracted pelvis, and the child may get asphyxiated from excessive pressure.

As soon as a nurse discovers any form of deformed pelvis it is her duty to advise the patient's friends to call in a doctor, as there is danger of tonic contractions setting in from obstruction, and probably causing ruptured uterus; also a face or shoulder presentation may result.

Miss H. Scott writes of possible danger from delay in the second stage of labour, owing to rigidity of vagina and perineum, especially in elderly patients. In such a case a hot sitz bath and hot vaginal douches assist relaxation. If an antiseptic is used, lysol is useful, as it lubricates the passage. Hot fomentations to the perineum are of assistance. Tumour of the rectum is another sign of danger, which may cause total or partial obstruction, and necessitate abdominal section. All obstruction, from whatever cause, is a sign of danger, and medical aid should always be summoned.

QUESTION FOR NEXT WEEK.

Say what you know about epilepsy and its treatment.



WELCOME HELP.

The President of the Society for State Registration of Nurses acknowledges with thanks the annual subscription of £1 1s. from the League of St. John's House Nurses. A tremendous amount of propoganda can be accomplished with such a generous gift.

OUR SPECIAL IRISH CONFERENCE NUMBER.

Next week, May 31st, we shall issue a Special Irish Conference Number, in which space will be devoted to Irish nursing affairs, especially to the arrangements for the Nursing Conference and Exhibition to be held in Dublin, which will open with a delightful reunion of delegates and friends in the Royal College of Surgeons on the evening of June 3rd, organized by the Irish Nurses' Association, of which the following ladies compose the Hospitality Committee: Mrs. Dallas Pratt, Mrs. Manning, Mrs. A. Ball, Miss Reeves, Mrs. Richard Dowse, Mrs. Major, Miss Eddison, and Miss Carson-Rae.

The Pageant Procession, which is to be a feature of the reception, is being arranged by Mrs. Webster, Miss Machie, and Miss Patton.

The exhibition will be open from 4th to 6th June, and many interesting nursing handicrafts will be on view in the Mills Hall, Lower Baggot Street, where will also be displayed articles of interest to nurses by well-known Dublin firms, and others which have important trade interests in the Emerald Isle.

The Special Irish Number of THE BRITISH JOURNAL OF NURSING will be found on a central stand, No. 14, at the exhibition, together with other literature of a professional nature interesting to the nursing profession and the public.

OFFICE BEARERS.

Mrs. Bedford Fenwick, as President of the N.C.N., will be Hon. President, and Miss M. Huxley the President of the Nursing Conference. Upwards of a hundred ladies interested in national health questions, and Matrons of hospitals have accepted the position of Vice-President, and nurses are expected to attend the first Nursing Conference ever held in Ireland from all over the country. We may therefore look forward to well-attended Sessions, and let us hope to bright and enlightening discussions. Nothing can be more dreary than to sit in silence listening to long and prosy papers with no time allowed for their discussion. This is not our idea of a Conference, at which to fulfil its function adequately papers should be short, and original and experienced views put forward, with the aim of giving and receiving all the information possible on a given subject.

TICKETS.

All tickets in connection with the Conference and Badges are to be obtained from Miss Carson-Rae, 34, St. Stephen's Green, Dublin, where, at the Nurses' Hostel, Rest and Toilet

Rooms will be provided throughout the Conference days.

HOTELS AND TARIFFS.

A list of hotels and tariffs were inserted in our issue of the 10th May, page 369.

Miss B. Cutler, hon. secretary N.C.N., will arrive in Dublin on Monday, June 2nd, and will be found at the Shelburne Hotel, St. Stephen's Green.

Miss Hulme and Miss B. Kent will also arrive on that day, ready to help with exhibits; and Miss V. Thurstan will be in charge of the exhibits kindly lent by Miss Eden, of the Nurses' Social Union.

Mrs. Fenwick and Miss Breay will be the guests of Miss Huxley at Elpis.

FROM BELFAST.

Those attending the Conference from Belfast can obtain tickets at the reduced fare of 12s. 7d. for one week from June 2nd. Application for vouchers should be made to Miss M. Workman, Craigdarraugh, Helens Bay, Co. Down.

THE PROGRESS OF STATE REGISTRATION.

At the Annual Meeting of the Society for State Registration of Nurses, to be held in London at the end of June, it is hoped to hold a rousing meeting. The suggestion that until the lions and the lambs lie down together there is to be no legislation for the organization of Trained Nursing in this benighted country cannot be accepted for a moment. The scandals resulting from disorganization are far too flagrant for that. The quite inadequate system of nursing education and training in many institutions, unjust contracts, overstrain, exploitation of fees and uniform, covering of untrained women in districts, and private nursing homes, massage and abortion scandals, government through social interest, and promotion by favour in Government Departments and elsewhere, resulting in a very serious depreciation of the type of women prepared to enter hospitals for training, and the grave suffering of the sick poor owing to a shortage of the well-educated, humane attendants in institutions and districts, have got to be exposed and the conscience of the Government aroused.

The Prime Minister and other legislators in the recent Suffrage debate denied that women suffered any disabilities from their exclusion from political power, the callous treatment by men of the women engaged in one of the most

womanly and beneficent vocations in the world, trained nursing, their refusal even to acquaint themselves with our social and economic conditions, proves absolutely how untenable is such an assertion. The trained nurses of this country have urged their conscientious demands for just conditions upon legislators for twenty years. They have been treated with contempt, and their fine work degraded. Such treatment arouses indignation amongst trained nurses in every quarter of the globe, and is a flaring torch in the hand of every Suffragette. There must be no more hesitation upon the part of registrationists. Our ill-treatment has recoiled upon the unfortunate sick. We have got to insist upon legislation for their sakes as well as our own, and in spite of the London press boycott we intend to be heard. Why not in Hyde Park?

Anyway a very live programme will be submitted by the President to the members of the Society for State Registration at its Annual Meeting, and if we can enlist the help of a few more courageous men like Dr. Chapple, who have the welfare of the public and the nurses really at heart, we have no fear but that our just cause will appeal to Parliament at an early date.

A HARDY PERENNIAL.

When in his reply to the Deputation in support of Nurses' Registration on April 28th, the Prime Minister turned over the Anti-Registration Memo, and remarked: "The list of opponents to which I referred four years ago has been brought up to date, and is a more menacing and formidable array than it was then," we naturally expected to find it so.

We compared the list with one in our archives. *It was the same old list!*

The only names added to this hardy perennial are those of four matrons trained at the London Hospital, headed by that of Miss Annie McIntosh, matron of St. Bartholomew's Hospital!

If we subtract the signatures of persons now dead, the list remains in numbers much as it was in 1909.

There is, however, one very significant addition.

Miss Annie McIntosh, of course, subscribes her name to Mr. Sydney Holland's Memo, in opposition to the conscientious demand for registration, reaffirmed in several resolutions, by at least 700 nurses trained and certificated at St. Bartholomew's Hospital, of which she is now matron!

No stronger evidence of the need for State Registration could under any circumstances be advanced.

The question is, are the 700 women holding certificates of three years' training to be "menaced" by the opposition of the one placed in power over them, trained on the superficial two years' system, from the London Hospital?

The 700 trained women who demand this reform desire to give the sick public a guarantee of their efficiency. The one woman with a short-term certificate opposes it.

Here you have the "pro" and the "con" of the registration contest in a nutshell.

It is a "formidable" lesson; let us hope the Government will duly appreciate it.

SCARCITY OF HOSPITAL NURSES.

Dr. Chapple recently asked the President of the Local Government Board in the House of Commons whether he was aware that hospitals under the Metropolitan Asylums Board had had to turn patients away because of the dearth of nurses, and that difficulty had been found by many Poor-law guardians in securing nurses; and, if so, could he say what steps he proposed to take to increase the supply or to attract the best class of women to the profession. Mr. Burns answered: The Metropolitan Asylums Board were, I understand, apprehensive that they might have to restrict the admission of certain classes of infectious cases owing to the difficulty in obtaining nurses, but I am glad to learn that it is now hoped that no such limitation will be necessary. The shortage of nurses which is, I believe, being generally experienced is due to causes which are beyond my control.

Dr. Chapple: Is the right honourable gentleman aware that in those countries where State registration of nurses has been established it has had the effect of raising the status and dignity of the profession and attracting the best type of women? Mr. Burns: I cannot believe that either registration or classification is a testimony as to character or fitness.

Mr. Glyn-Jones: If a dearth of nurses exists is it not likely to be increased by the sanatoria set up under the Insurance Act, and will the right honourable gentleman take such steps as are open to him to deal with it? Mr. Burns: The temporary dearth of nurses is due to the National Insurance Act, the demand for nurses in sanatoria, and the large increase in the number of nursing homes and similar institutions. I am very glad to say that the deficiency is being supplied.

Nurses, and the sick whom they serve, are fortunate to have secured the sympathy and effective assistance of so honourable and courageous a champion as Dr. Chapple has proved to be.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.

The Quarterly Meeting of the Matrons' Council will be held at 431, Oxford Street, London, W., on Saturday, 24th inst., at 3.30 p.m. After the Meeting there will be Tea. There are several items of interest on the agenda, and the beautiful new Banner will be on view.

LEAGUE NEWS.

A very interesting General Meeting of the League of St. John's House Nurses was held on Thursday, May 15th. It being the triennial election of the President and Executive Committee, Sister Naomi, Sister Superior of the House, was elected President, and appointed as Officers Miss L. Baker Vice-President, and Miss Seignoir Hon. Secretary and Treasurer, in place of Miss Burr, who has acted as Hon. Secretary since the foundation of the League twelve years ago.

It was determined to send a small maternity exhibit to the Nursing Exhibition to be held in Dublin. Miss Brey kindly consented to act there as the representative of the League.

It was also decided that each member should be asked to contribute a day's pay to the Nurses' International Memorial to Florence Nightingale.

The benefit of the Benevolent Fund is now extended to past members of the League.

The Financial condition of the League was reported as satisfactory—the usual condition of women's societies.

Miss Burr and Miss Collins were re-elected as delegates to the National Council of Trained Nurses, and Miss H. Hawkins to the Society for State Registration.

Hearty votes of thanks were accorded Miss Baker, the retiring President, and Miss Burr, after which, amid the sound of teacups, the news of the day was discussed.

M. BURR, *Hon. Sec.*

A MOST SAD EVENT.

We deeply regret to record the very tragic death of Dean Webster, of the Chapel Royal, Dublin, who died suddenly last Saturday, on the Malahide golf course. Mrs. Webster, and her sister Miss Patton, have been devoting themselves enthusiastically to organizing the Nursing Pageant Procession to appear at the Conference Reception on June 3rd, and their sorrow will have the sincere sympathy of Irish nurses, amongst whom they have many friends.

NURSES OF NOTE.

SISTER CAROLINE WIDSTRÖM.

We are indebted to the editor of the Swedish Nurses' Journal for the accompanying portrait of Sister Caroline Widström, who has just resigned the Matronship of the Serafimer Hospital, Stockholm, after having held the post for a term of twenty-seven years. Referring to her work, the same journal says that, as one of the pioneers of modern nursing, she has had many rich experiences, and a reminiscence of her life comes to be, to a great extent, a study in the history of the development of nursing during the last thirty years.

Sister Caroline was one of the first batch of four probationers who started work at the Training School for Nurses opened by H.M. Queen Sophia at Uplandsgate, Stockholm. She entered the school on New Year's Eve, 1883, and work was begun on the first day of the New Year.

The training of the nurses was in the hands of Miss Alfhild Ehrenborg, who was in charge of one of the blocks at the Sabbatsberg Hospital and who had there taught the first probationers.

The course was not a long one, as these first-trained nurses were required to train others who were awaiting training. Thus the first course was one of only ten months' duration, but much that was lost by shortness of time was made up by the seriousness with which the work was done.

Miss Ehrenborg went with her four probationers from block to block, department to department so that they might gain as much experience as possible in different branches of the work.

At the close of the course two of the trained nurses were given posts at the Sabbatsberg Hospital, whilst the other two took up private work. Sister Caroline was one of the latter, and, with the exception of a short period when she did duty for Miss Ehrenborg, she worked as a private nurse until July, 1885. In this year she took duty in charge of the Surgical Department VI C at the Sabbatsberg Hospital. In April of the following year she went on to the Serafimer Hospital to lay the foundation, with one or two comrades, of the Sophia Home within the Serafimer Hospital.

In 1886, in December, the Serafimer Hospital had its first Matron—Deaconess Thérèse Oltedahl—who, however, left after one year. She was followed by Miss Safira Lejonhög, who stayed a little longer than her predecessor. On December 1st, 1889, Sister Caroline took up the work of Matron.

At the old hospital there was no room set aside for the Matron, therefore her quarters were in a farm near by. Her midday meal was taken with the operators. In one department Sister had a small room where she kept stores and dispensed them.

In November, 1891, the large new buildings were opened, the out-patient department, the new medical ward with a pavilion, a gynaecological department, and a Röntgen-ray department were all added, and important changes were made in the numbers and the organisation of the staff.

The development of the hospital has thus been the life-work of Sister Caroline, and "we Sisters," says the Swedish Nurses' Journal, "know well how much influence she had on all who came in contact with her—we know that many and many a soul will send her heartfelt thanks for the years which have passed. We wish her every blessing in the future."



SISTER CAROLINE WIDSTRÖM.

PRACTICAL POINTS.

FROM THE "PACIFIC COAST JOURNAL OF NURSING."

Bacteriology of Bathing Pools. Many investigations have recently been made concern-

ing the infectiousness of bathing pools following

epidemics of skin disease or pink-eye, which seem to have their origin in such pools. H. F. J. Porter, in the *Survey*, July 27, gives a summary of the results of investigations of swimming pools conducted at various places. He quotes Atkins of the department of bacteriology, Chicago University, who tells of five epidemics following bathing in rivers or in pools filled from rivers where sewage contamination exists. He also reports that five pools whose water supply was supposed to be clean were the source of cases of eye, ear, throat, intestinal, and venereal diseases, including one epidemic of vulvo-vaginitis which spread among 230 girls using a school swimming pool. Porter says that as ordinarily conducted, swimming pools are little better than cesspools, and clear themselves of bacteria largely on the septic tank principle.

FROM OUR EXCHANGES.

The American Journal of Surgery says that "irrigating the throat with ice water from a fountain syringe will relieve the congestion of acute follicular tonsillitis."

The Medical Record says that "the investigations of German physicians have proved that in about one third of all cases of diphtheria, virulent bacilli reach the urine and are often in position to propagate the infection, it should be carefully disinfecting so long as the disease lasts."

The Journal of the American Medical Association has a recommendation by Dr. L. S. Hine of the use of a salt solution to relieve constipation. Two teaspoonfuls of table-salt in a pint of sterilized water should be taken in the morning before breakfast. The patient should sip the solution slowly, and at the same time breathe deeply, as a stimulus to peristalsis. The dose is followed by an evacuation in a short time, from half-an-hour to an hour. Unlike other saline cathartics, the salt carries off scybalous matter.

Dr. William F. Doolittle reports a case of hiccups, following an operation for appendicitis, which was relieved, and after four applications overcome, by the passage of the stomach-tube. Various remedial agents had been tried first—oil of amber, Hoffman's anodyne, ether sprayed on the epigastrium, inhalation of nitrate of amyl, counter-irritation over the diaphragm, holding the breath, psychic effect of fright, &c.—without apparent result.

Diseased teeth and gums are a constant menace to health. If the mucous membrane of the mouth and gums is in a healthy condition, it is almost impervious to infection, otherwise it becomes an avenue of infection. The germ of tuberculosis may enter through decayed teeth or infected pulp-canals. Primary tuberculosis of the mouth is not a rare disease. The septic mouth is a centre for the spread of the disease to others.

"A Western Nurse" writes in the *American Journal of Nursing* on the "Care of a Baby's Navel." "I keep the cord clean and disinfected by using twice a day a solution of alcohol and sterile water, equal parts of each. For a dressing, I use sterile cotton and stearate of zinc powder. I have never had any difficulty with a cord being slow to heal, and there has been no odour in any of my cases."

A SIMPLE METHOD OF FEEDING INFANTS.

Nurses and midwives should send a postcard to Messrs. Burroughs Wellcome & Co., 6, Snow Hill Buildings, London, E.C., asking for their booklet entitled "A Simple method of Feeding Infants." It describes the method of humanising cow's milk with "Kepler Malt Extract," which must be a boon in many households where more complicated methods are impracticable.

APPOINTMENTS.

MATRON.

The Cottage Hospital, Moreton-in-Marsh.—Miss Jemima Pickering has been appointed Matron. She was trained at the General Infirmary, Harrogate, and has held the positions of Charge Nurse, Sister and now Senior Sister-in-Charge of Male and Female Wards and Theatre at the Eston Hospital.

Infectious Diseases Hospital, Sutton, near Hull.—Miss Rachel Mason has been appointed Matron. She was trained at the Infirmary, Beckett Street, Leeds, and held positions at the Hull Sanatorium and Hull Garrison Hospital for 4½ years. She has also been Charge Nurse at the Cambridge Fever Hospital, the Bolton Union Infirmary, and the Newcastle-on-Tyne Union Infirmary, and has had experience of private nursing. She is at present Matron of the Carlton Hospital, Worksop.

SUPERINTENDENT.

Leicestershire Nursing Association.—Miss Lucy Snape has been appointed Superintendent. She was trained at the Northern Hospital, Liverpool, and received her district training in the same city. She has also held the position of health visitor, school nurse, tuberculosis visitor, and of inspector of midwives for the Leicestershire County Council.

HOME SISTER.

Hospital for Consumption, Brompton.—Miss M. E. Barr has been appointed Home Sister. She was trained at St. Thomas's Hospital, and has been Sister at the Bristol General Hospital, and at the Kasr-el-Aini Hospital, Cairo.

NURSE-MATRON.

Infectious Diseases Hospital, near Dunstable.—Miss Theresa F. Sephton has been appointed Nurse Matron. She was trained at the Borough Sanatorium, St. Helens, and at the Blackburn and East Lancashire Infirmary, and has been Sister at West Bromwich Hospital, Stafford General Infirmary, Bradford Children's Hospital, and since 1909 Assistant Matron at the Borough Sanatorium, St. Helens.

SISTER.

Rochdale Infirmary.—Miss Dora Clarke has been appointed Sister. She was trained at the Norfolk and Norwich Hospital; and has been Sister at the Peterborough Infirmary; Sister at Whitehaven Infirmary; Staff Nurse at Wellingborough Cottage Hospital; and Sister-Matron of the Research Hospital, Cambridge.

Infectious Diseases Hospital, Skipton.—Miss Alice Duggan, who has recently been appointed Sister at the above hospital, was trained at the Monsall Fever Hospital, and the West Didsbury Hospital, Manchester, not at the Fever Hospital, Great Yarmouth.

SCHOOL NURSE AND SANITARY INSPECTOR.

Edmonton Urban District Council.—Miss Nora Playne has been appointed School Nurse and Junior Woman Sanitary Inspector. She was trained at the Chelsea Infirmary, and was a teacher at Caversham Secondary School, Reading, before

she entered on her three years' training as Nurse at Chelsea.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

TRANSFERS TO STATIONS ABROAD.

Sisters.—Miss M. L. Kaberry, to Malta, from Aldershot. *Staff Nurses.*—Miss F. C. Craig, to Egypt, from Hounslow.

MILITARY FAMILIES' HOSPITALS.

The undermentioned appointments have been made: Miss L. Orton, to Shoeburyness; Miss E. E. Brown, to Shorncliffe.

TERRITORIAL FORCE NURSING SERVICE.

Miss Annie L. Wilson, Matron, resigns her appointment (April 26th).

Miss Margaret Sinclair, to be Matron, vice Miss Annie L. Wilson, resigned (May 1st).

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Bertha Ffoulkes is appointed to Heavitree; Miss Susanna Horsley, to Sunderland; Miss Annice Orme, to Three Towns; Miss Bertha Osborne, to Peterborough; Miss Elizabeth Sprintall, to West Riding; Miss Charlotte Wray, to Shoreditch.

THE PASSING BELL.

There are many who will learn with deep regret of the death of Miss Eliza Cartwright, which took place at Woodhall Spa on the 17th inst.

Miss Cartwright, who was trained at St. Bartholomew's Hospital, was afterwards Matron of the New Hospital for Women, Euston Road, N.W., and the Hospital for Women, Brighton, and of late years has received patients into her own house at Woodhall Spa for treatment. Throughout the whole of her nursing career she has won not only respect, but affection, from those with whom she has been associated for her conscientious work, upright character, and lovable disposition. She was a member both of the Matrons' Council of Great Britain and Ireland and the Society for the State Registration of Trained Nurses, and was always a most consistent and constant supporter of the highest professional ideals.

Much sympathy will be felt with her sister, Miss S. E. Cartwright, secretary of the Registered Nurses Society, who has had the consolation of being with her sister to the end.

She was laid to rest on Wednesday at Ulceby, in Lincolnshire, and amongst the flowers sent were a beautiful wreath from the Matrons' Council and one from the Registered Nurses Society, with the committee of which she was associated for many years.

A GOOD EXAMPLE.

We learn that from June 1st the members of the nursing and domestic staffs working under the Metropolitan Asylums Board will, during their annual leave, receive an allowance of 7s. weekly for board in addition to their salary.

NURSING ECHOES.

The Report of the Queen Victoria's Jubilee Institute for Nurses for 1912 which has just been published contains some interesting details of the work for the past year.

It was inevitable that the operation of the National Insurance Act should come into close contact with the work of district nurses.

A Departmental Committee which early in the year reported on the way in which the money allotted for treatment to be given to insured persons suffering from tuberculosis, could be used to the best advantage, laid stress on the importance of constant supervision of the cases under treatment at home, and pointed out in regard to Wales that "particular attention should be paid to the training of County and District Nurses in the treatment of tuberculosis, and in securing the co-operation of existing nursing associations." Negotiations have also been in progress between Insurance Committees and Nursing Associations in different parts of the country as to the attendance of district nurses on persons who are being treated at home. We hope that Insurance Committees and Approved Societies will only employ fully trained Queen's Nurses to attend on the insured sick. They will then get value for their money.

The work of the Institute is also affected by the Maternity Benefit, and the Medical and Sickness Benefit, and while it is prepared to sanction the employment of its nurses in caring for the insured sick, for payment, the Report voices a necessary warning:—"it will have to be remembered that the work of district nurses is nursing, and not the checking of malingering." The confidence which at present exists between district nurses and their patients would cease, if it were once realized that they were inspectors acting in the interests of Approved Societies.

The Council reports that it has been able to increase the salaries of those nurses who occupy responsible positions in its employment. It was found that responsible positions outside the Institute in recent years commanded remuneration at a higher scale than those within the Institute. We hope that the Council will also be able to increase the pay of the rank and file, to which the same remark applies. For instance, the salaries of Queen's Nurses do not compare favourably with those of Staff Nurses in Queen Alexandra's Imperial Military Nursing Service. The salaries of candidates in training have been raised from £12 10s. to £15 for the six months.

During 1912 the number of Nursing Associations affiliated to the Institute was 50, and 1 County Association, compared with 64 and 2 County Associations in 1911. In 1912, 37 Nursing Associations ceased to employ Queen's Nurses, compared with 13 in 1911. The number of Nursing Associations in affiliation with the Institute was 1,010 on December 31st, 1912, compared with 1,000 in 1911, and the number of Queen's Nurses 1,008, compared with 1,860 in the previous year. The total number of nurses in connection with the Institute, including Queen's Nurses, and those in training, Village Nurses and Midwives, was 3,537—*i.e.*, England 2,712, Scotland 398, Ireland 179, and Wales 248.

We regret to hear from a Queen's Nurse that in some instances they are not free to support the registration movement by joining the Society for the State Registration of Nurses, and that the policy of this journal in demanding that efficiently trained nurses should be supplied to the rural poor is antagonising certain Nursing Associations and their officials who supply midwives or cottage helps as "skilled" nurses to these defenceless people.

One nurse goes so far as to withdraw her application for membership of the S.R.S. "for fear of an open rupture" with her Superintendent.

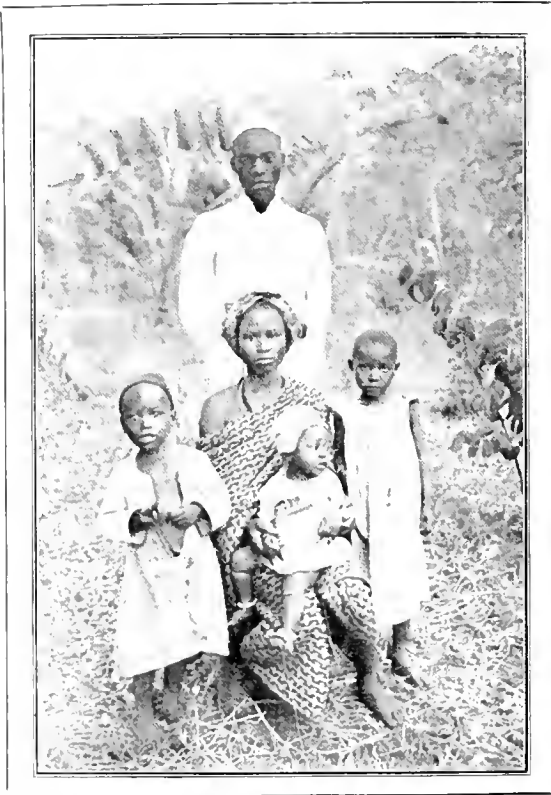
The fact that the names and professional qualifications of nurses joining the Society appear in this journal prevents, we are informed, Queen's Nurses from "coming out" for registration as they would like to do.

This is a very scandalous condition of affairs, well known to us—economic terrorism pure and simple—and which we shall make use of in our future fight for State protection for trained nurses. The Council of Queen Victoria's Jubilee Institute for Nurses—upon which the

Nurses have no representation—should publicly announce that the 2,000 trained nurses they employ are to act according to their conscience in this fight for professional emancipation, and we hope they will do it at an early date. The fact that Mr. Sydney Holland is a member of the Council makes such action the more imperative.

Many people have a very sketchy idea of family life in East Africa. Perhaps the charming group of Sub Deacon Benjamin Mwerondo and his family, which we print on this page, by the kind permission of the Universities'

Mission to Central Africa, may serve to enlighten them. When we see the possibilities of happiness and usefulness for the sunny-hearted peoples of Equatorial Africa, when the black pall of the slave traffic has been removed, and the darkness and terror of heathendom dispelled by the Light of the World, we realize the immense debt of gratitude the African peoples owe to that great hero of modern times, David Livingstone, whose centenary we are this year celebrating. When he returned to Africa for the last time he appealed to the Universities to continue his work, saying, "I leave it with you," and right nobly has the Universities' Mission fulfilled that



SUB-DEACON BENJAMIN MWERONDO AND FAMILY. trust.

View Day at Bart's was this year much enjoyed. It is a fascinating old custom, at which the Treasurer and officers and a long comet's tail of governors and members of the staff visit each ward. The whole hospital has been scrubbed and polished up to the highest pitch of perfection; it is then decorated according to taste with the loveliest of flowers and plants. "This year," writes a visitor, "some wards were most tastefully decorated with wild flowers; the bluebells of various shades were most effective in Stanley Ward, and the cow-

slips, bluebells, and fresh green produced a charming effect in Faith.

"Coborn Ward had most beautiful pink roses, and Elizabeth as usual came in for the largest number of visitors; it was so crowded at one time that one feared the wee mites might be turned out of their cradles at the foot of the beds; twin babies in the incubators proved the great attraction.

"The Needlework Guild held its annual Meeting in the Committee room, and although such a new society, it has done excellent work, and the sisters much appreciate all the articles provided by it—the Dorking Branch alone supplied 300 garments; but they will be glad of many more members."

The Canadian Public School Nurses' Association, at a recent monthly meeting held in its Clubhouse in Toronto, decided to subscribe for three new journals for circulation among the staff. These were THE BRITISH JOURNAL OF NURSING, *The Child*, and *The Visiting Nurse Quarterly*. We thank the *Canadian Nurse* for this item of information, and hope our School Nurses' League will send us news and articles likely to interest their fellow-workers in Canada.

The School Nurses of Toronto announce with pleasure that dental clinics in the schools are no longer a visionary ideal, but are an actual fact. The city has equipped three in districts from which it is hard for children to reach the central clinics.

The earliest activity of the Canadian Public School Nurses' Association was to establish a fund for a portable clinic. The City Council's promise of help has not been fulfilled, so after a two years' wait the nurses announce their clinic. It is a complete equipment, all white, a model in every respect, and they are naturally very proud of it.

Nurses are included in the new insurance scheme in Germany, writes Sister Karll. She says it works well for those in hospitals and regular work, but is almost impossible to manage for nurses in private work. She hopes amendments may be made in time. The scheme is on the whole very bad for women, as they have to pay a high premium, because the dependent families are included. As parents, widows and children, or any near dependent is included, it means that women have to pay 2 per cent. of their income to help the healthy widows and children of men. "A good lesson how much we need the vote to take care of our own business. Nurses are not included in the State Insurance for accidents,

but in 1914 begins a new system of sick insurance, and we are rather afraid it may have many drawbacks like yours. So you see there is not much good to be said about public life for German women at large, and of nurses specially."

Sister Karll continues:—"The one sunny outlook is the Leipsic College course. Ten nurses joined for the first term. Seven of them are going in for the whole two years' course, and at least three more come in for the new term, which began with the first of my lectures on April 18th, of which I am giving twelve on 'Nursing History,' to finish May 31st. I hope in time a good many foreign nurses who know enough German will come to Leipsic. We shall make them very welcome, as Miss Branberg, from Sweden, would agree. She was sorry only to stay one term, and hopes to return later and finish the complete two years' course. . . . From May 21st we have a National Congress on Nursing in the International Exhibition Building in Leipsic, and we shall discuss all problems of private nursing and the need of women on hospital committees. Sham nurses are as rife here as with you, and we need protection in that line."

THE HOSPITAL WORLD.

THE ROYAL FREE HOSPITAL.

The Royal Free Hospital was *en jête* on Monday last, when Princess Christian of Schleswig-Holstein, President of the Hospital, laid the foundation stone of the new Helena Wing.

While the visitors were assembling in a spacious tent, bright with bunting, the band of the 1st Cadet Battalion Royal Fusiliers (City of London Regiment), which, under Captain G. S. Hazeon, furnished the Guard of Honour, provided excellent music.

Punctually at 3 o'clock the sound of the National Anthem announced the arrival of the Royal Visitors, and the Princess ascended the dais, attended by Miss Du Cane and accompanied by her daughter, Princess Marie Louise. Their reception by the Earl of Sandwich (Chairman of the Committee), Mr. Alfred Langton (Chairman of the weekly board), Dr. Harrington Sainsbury, and Mr. James Berry (senior physician and surgeon), Miss R. Cox-Davies, Matron, Mr. R. Garratt, Secretary, and the Archdeacon of London took place in the Board Room.

On her Royal Highness ascending the dais the hymn "Thou to whom the sick and dying ever came, nor came in vain," was sung, and

the Earl of Sandwich then made a statement on behalf of the Committee of Management, welcoming the Princess and giving details concerning the new building for out-patients, which it had long been the desire of the committee to erect. The Princess then performed the ceremony of laying the foundation stone.

A pretty scene then followed in the presentation of purses, filled by friends of the hospital, in each instance of the colours of the badges worn by the respective groups, the first by children, whose badge was buttercups and daisies, the purses being white and gold; the next by medical women in academic robes—badge, violets, purses, purple and mauve. Then came medical students—badge, marsh marigolds, purses, black and gold, followed by the Office Staff—badge, apple blossom, purses, green. Most interesting was the group of workers in the hospital wearing wallflowers as their badge, and bringing dark and pale green purses. They were the head porter, with a record of 21 years' service, the night porter 17 years' service, the dispensary porter 31 years' service, the coffee-stall attendant 20 years' service, and two laundry workers with 18 and 15 years' service to their credit.

The last group was composed of twelve members of the nursing staff, wearing badges of forget-me-nots and carrying blue purses.

The total collection—including the purse presented by Master Gerald Garrett, which contained a cheque from Mr. and Mrs. Wharrie for £1,000—was £1,622.

After the ceremony tea was served in the lecture room for the grown ups, while the children were thoughtfully provided for at tables of their own, charmingly decorated with buttercups and feathery gypsophelia.

THE NURSES' MISSIONARY LEAGUE.

The Nurses' Missionary League has been active this week, and has produced a new and practical feature. Organised by Miss Richardson, an "All-day Working Party" was held at Guy's Hospital last Tuesday. Nurses came from other hospitals in goodly numbers, and during the day many Guy's nurses came in for odd minutes or for their off duty time—all working with such energy as to produce a fine collection of garments, such as bed-jackets, doctors' aprons, and roller bandages—of which 380 were made.

Mrs. Douglas Hooper and Dr. Babington came and spoke of their work in British E. Africa and China respectively, as the nurses worked.

The day was voted an entire success; and the box of most useful articles will be sent off to the Stewart Memorial Hospital, Hing hwa, China, where Dr. and Mrs. Walker, assisted by Nurse Krauss, who are all "Guy's," are missionaries.

THE NURSING AND MIDWIFERY CONFERENCE.*

SOCIAL WORK.

On the afternoon of Thursday, April 24th, Miss Amy Hughes, General Superintendent of Queen Victoria's Jubilee Institute, presided, when a series of papers connected with social work were presented.

THE CHILDREN ACT AND ITS INTEREST FOR NURSES.

Miss E. C. Tawney, late Superintendent Health Visitor, Croydon, and Miss F. Penrose Philp, Hon. Secretary, State Children's Aid Association, spoke of the Children Act and its interest for nurses. The former, referring to the inspection of boarded-out children, pointed out that grandparents, uncles and aunts and brothers and sisters receiving infant relatives are exempt from inspection, even if receiving payment, nor are adopted children inspected. Nurses acting as inspectors could do useful work, as unmarried mothers were often very willing to be advised, and anxious for their children to be taken care of. Such mothers welcome the knowledge that an official visitor will inspect the homes where their children are.

Miss Penrose Philp pointed out that the Act depended for good administration on public opinion. There was a danger if legislation were only permissive that things might be worse. The public conscience was always rather somnolent. She stated that when the Act was passed people began to realize the mistake of not including inspection of the single child, and an amendment providing for this was blocked in the House of Commons for ten years. In one case in a house where the children were perfectly neat and clean the visitor was not satisfied that things were right. The woman in charge of them was informed that if there was no improvement her licence would be removed. The result was that all the children but one were put out as single cases at 6d. a head less than the proprietor was receiving for them. Nothing could then be done, and in six months they were all dead.

Referring to the alarming increase of cases of indecent assault on children under sixteen, the speaker considered this was mainly because adequate punishments were not inflicted; property was much more severely protected than persons so injured, and only slight punishments were inflicted when cases came before the courts.

The speaker stated that once when she was in a police court an official suggested that perhaps she would like to go out of court as the case which was coming on was not a very nice one. She did so, only to discover that five or six little girls were in court in connection with a charge of criminal assault. No woman was present.

Another thing was even worse. When an elder girl had to come up in connection with a charge of this kind she had to prepare her evidence with

* Held in London, April, 1913.

only the help of an inspector of police. Women should invariably be present in court in these cases. Again, how could such cases be dealt with by men with every desire to do justice. If women had a voice in the sentences passed they would be different. Justice would never be done until both men and women tried boys and girls.

Then, the proceedings in these courts were criminal. She maintained that no child was a criminal, and the procedure should be reformatory and preventive.

LEGISLATION FOR THE FEEBLE MINDED.

Miss Anna Kirby spoke of the enormous potentiality of the feeble minded for ill. She gave statistics showing that in workhouses ten to twenty per cent. of the inmates were feeble minded; in prisons fifteen to twenty per cent.; in rescue homes fifty per cent.; in inebriate homes, sixty-two per cent. In 100 Magdalene homes 2,531 of those passed through in five years were known to be feeble minded. She gave some appalling genealogical tables, showing a family history for four generations, which she stated were a typical history of hereditary taint.

In one way and another the feeble minded drifted into institutional life for which they were ill adapted and were therefore already kept at the public expense. Their environment should be adapted to their needs, and this was best done before they came into contact with the law.

SCHOOLS FOR THE PHYSICALLY DEFECTIVE.

Miss Cantor, Hon. Secretary of the Invalid School Nurses' Association, spoke of the necessity for the work of nurses in schools for the physically defective. Their main object was to so watch and care for the child's physical condition that he was in a fit state to materially benefit by the education provided, otherwise all the efforts of the teachers to fit the child when leaving school to become a wage-earning self-supporting member of the State were wasted.

THE SOCIAL EVIL.

The programme was so lengthy that Mrs. Clare Goslett had, perforce, to omit her paper on "The Social Evil," but she spoke briefly on this great evil of prostitution, combatting the idea that it was necessary that there should be a great class of women outcasts. In reality, it was a gigantic branch of trade—a commercialized traffic, wrongly called the White Slave Traffic, as it included women of all colours. No trade could exist unless the commodity was wanted, and no profit could be made unless there was a demand for the goods offered. Nurses had special opportunities of forming opinions on this subject, and should go for the causes of the social evil; the age of consent should be at least 18. Then, why was it punishable for women to solicit, and not for men? They should try to upset the double standard and the doctrine that there were ten commandments for women and only nine for men. She referred to the wide-spread belief that if a man contracted

sexual disease, he could get rid of it by contact with an innocent child. That, she said, was why children went to the lock wards of hospitals.

ORGANIZATION.

At the Evening Session Mr. J. S. Pollitt pleaded for the formation of a National Association of Nurses, in connection with what he called the "Blackburn Proposal." He did not, he said, expect much of a response to his letter in the press, but he did expect 5,000 replies. He got 210. In the discussion, which followed, Miss Sidney Browne suggested that Mr. Pollitt should approach the chairmen of hospitals, and then address the nurses as Mr. Dick did, in connection with the National Insurance Society; then a hundred-thousand of answers might come in. Dr. Potter inquired what would be done with the money which did come in, and Mr. Pollitt replied that was entirely at the discretion of the committee. A Secretary, staff, and office would be wanted; there would not be much left.

Miss Stower followed, explaining the aims of the National Association of Registered Nursing Homes; also Miss C. J. Wood, who gave some "Business Hints for Nurses," out of a long experience; and Miss Rosa Leo emphasised the importance to nurses of the Art of Speaking and Reading Aloud.

A POSSE OF PAPERS.

On Friday, April 25th, the subjects discussed were "Finance" and "Nursing Abroad"—the latter occupying the Evening Session. Ten papers were down on the programme for this two hours' Session; and yet an eleventh was excluded for want of time! It was enlivened by Miss A. E. Windsor, who informed the audience that nurses must "first be born, and then very carefully created!" And, again, in regard to the nurse's training, "if she takes her C.M.B., which is an indispensable qualification for all foreign work, she may possibly dispense with obstetric work." Miss Windsor did not inform the meeting how these miracles were to be achieved, but a professional blue pencil would have eliminated such *faux pas*.

The lay nursing press, which had so much to do with organising this Conference, is to be congratulated on the haul of copy acquired from trained nurses and others without paying a cent for it.

THE FEEBLE MINDED.

In connection with the Nurses' Social Union, a paper was read by Dr. Exley, New Wortley, Medical Officer to H.M. Prison, Leeds, on the above subject.

The lecturer said that the problem of the feeble-minded is one which is of vital importance not only to individuals, but to the nation at large. He went on to say what was and what was not feeble-mindedness; and described the differences between insanity, dementia, and amentia. The mental deficiency of which he intended particularly to speak was that of persons whose minds had never and can never properly develop.

Great differences exist, even in normal minds. The mind of a genius—such as Shakespeare, Newton or Plato, is very different from that of an agricultural labourer, and yet these are all normal minds—describing a normal mind as one which enables its possessor to perform his duties as a citizen in that position of life to which he is born.

From this, it follows that feeble-minded persons are those who from birth or from an early age are so mentally defective, that while capable of guarding themselves against common physical dangers, and perhaps earning their living under favourable circumstances, they are incapable (a) of competing on equal terms with their fellows; and (b) of managing themselves and their affairs with ordinary prudence.

Dr. Exley quoted the rival theories of Sherlock and Tredgold—the first of whom holds that there is a gradual descent from the normal mind to the feeble-minded, and the imbecile to the idiot; while the latter holds that there is an impassable gulf between the lowest normal mind and the highest ament; that, in fact, weak-mindedness is not a mere subtraction from the normal.

While the most ignorant agricultural labourer is uniformly dull and stupid, he has still sufficient common sense to look after his interests and hold his own in that sphere of life in which Nature has placed him. Not so the feeble-minded persons. The mildest of these may show no apparent dulness, he may even be bright and vivacious, and in some of his abilities superior to the clodhopper, but the other faculties of his mind are not present in like proportion. Instead of harmonious working of the different faculties of the mind, there is discord; and in the possession of that essential to independent existence—common-sense—he is lacking, and the want can never be supplied.

A table, showing number of weak-minded persons in England and Wales, was exhibited, from which it appeared that there were 138,929 or 4.03 per 1,000 of the population, or 1 in 248 persons.

Dr. Exley submitted three propositions for consideration:

- (1) The really feeble-minded person will always remain feeble-minded.
- (2) As feeble-minded persons cannot compete with their normal fellows in the battle of life, nor manage themselves or their affairs with ordinary prudence, they make for national weakness and national degeneracy.
- (3) The terrible results of feeble-minded men and women becoming parents is of vital importance to the very existence as a nation.

Diagrams were exhibited, showing the family histories of the feeble-minded, from all of which it appeared that one dominant, unfailling law prevails, *viz.*, that the unfit breed the unfit. The treatment of the feeble-minded is dealt with under (1) over-sight, (2) certification, and (3) permanent detention; and the lecturer made an

appeal to his audience to take up this question earnestly, to study it carefully, and to use their influence as citizens to help forward legislation on this subject.

A very happy meeting of the Bath Branch of the N.S.U. took place at Casa Bianca last week by invitation of Miss Stokes, about fifty members and friends were present and a very helpful address was given by the Rector of Charlcombe, after which there was music and tea.

THE BOVINE BACILLUS.

Dr. Nathan Raw, of Liverpool, seems to have presented an extraordinarily interesting paper at the Public Health Congress, at Paris last week, in the section of bacteriology and comparative pathology, on human and bovine tuberculosis. "The adult human," he said, "is more or less non-susceptible to infection by the bovine bacillus, but especially susceptible to the human bacillus. The reverse is the case with children. He concluded, therefore, that the great mass of tuberculosis occurring in the human subject is caused by the human bacillus, and is conveyed by infection. On the contrary, a considerable amount of so-called surgical tuberculosis in children and adults is caused by the bovine bacillus received into the alimentary canal through milk and food.

"For the last ten years," continued the doctor, "I have separated my wards in hospital into human and bovine wards. It is rare to find lesions of the two types in the same patient." He considers that a mild infection by bovine bacilli protects against the other. Thus, large numbers of people are immunised against pulmonary tuberculosis from having been infected in childhood by bovine bacilli through milk and food.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

The honorary treasurer of the Imperial Cancer Research Fund has just received a donation of £10,000 from Mr. Edwin Tate for the endowment of the research.

On Sunday next, being Hospital Sunday, the Lord Mayor and the Sheriffs of the City will attend Divine service at Westminster Abbey in the morning, St Paul's Cathedral in the afternoon (when the Lord Chancellor and some of his Majesty's Judges will also be present), and the City Temple in the evening.

The Board of Management of the Metropolitan Convalescent Institution announce that at the Home for Adults at Walton, near Weybridge, twenty-four beds are now provided for patients requiring surgical treatment after operation.

Queen Alexandra has consented to open the new wing, which will bear her name, at the British Home and Hospital for Incurables, Streatham. While as yet the date of the function has not been

definitely fixed, her Majesty's visit will probably take place in the first week of July. The additional wing forms a part of a large scheme to celebrate the jubilee of Queen Alexandra's connection with the home. Efforts are being made to raise further funds so that the number of pensioners may be considerably increased.

The Rockefeller Institute, according to the American press, has discovered a serum to cure pneumonia. The serum has been used successfully during the past winter in the hospital attached to the institute.

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ISABEL HAMPTON ROBB FOUNDATION.

Under the Department of Nursing and Health the Opening Series of Lectures on the Isabel Hampton Robb Foundation have been delivered in the Chapel at Teachers' College in April by Mrs. Florence Kelley. The subject was "Modern Industry in Relation to the Family, Education, Health, and Morality."

The death of this great woman was a terrible tragedy, but the loyalty of her colleagues and friends is something we love to contemplate in this not too grateful age.

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HEALTH REQUISITES.

The general facility with which the "Mrs. Evaline" Health Towellettes can be frequently washed, as well as their extra absorbent and antiseptic qualities, comfort, and popular prices, have made them very popular with a large public, and they have built up, upon their own merits, a high reputation endorsed by doctors, nurses and midwives.

These Health Towellettes are sold in six sizes, varying from 1s. to 2s. 6d. per packet of one dozen. Sizes E4 and E6 are extra absorbent as they are provided with a hank of specially absorbent cotton evenly fixed on the inner surface of the pad; this provision renders them specially suitable for travelling, as, owing to their absorbence, the necessary change of towel is rendered less frequent. Other makes are "Washable Towellettes," with a soft swansdown inner surface covering, special No. 2 3s. 6d. the half-dozen, and "Turkish Towellettes," No. 1 2s. 6d. the half-dozen. The "Mrs. Evaline," Hospital Sheet, for use in accouchments, is also very popular; the absorbent and antiseptic wool is enclosed in a specially woven bag, machine sewn down one side, so as to do away with the loose way in which such sheets are often made. They cost 1s., 1s. 6d., or 2s.

The "Mrs. Evaline" specialities can be obtained from drapers and chemists, or direct on request from "Mrs. Evaline," of the Colonnade, Westgate, Bradford. "Mrs. Evaline's" "Health Hints," an interesting booklet, can also be obtained gratis from the same address on mentioning this journal.

OUTSIDE THE GATES.

WOMEN.

The Fifteenth Annual Report of the Central Bureau for the Employment of Women and Students' Careers Association just published shows that it is doing excellent work and is able to record progress in all departments. At the head are the following words of Hegel, translated by the President, Miss E. S. Holdane, LL.D.: "To combat shallowness, to strive with . . . earnestness and honesty—to do such work as this we may hope that we are called by the higher spirit of our time."

The report states that the old-fashioned idea that capable workers are never in want of employment, and are therefore not to be found through any Registry, still occasionally arises. It shows that the idea cannot now be sustained.

We are glad to note that the constant efforts of the Bureau to obtain adequate remuneration for adequate work are resulting in a steady increase of salaries in certain directions.

The Committee of the Norwegian Storting, dealing with the revision of the Constitution, has recommended the extension of the franchise to women on the same conditions as now prevail for men. The vote is to be given to every able-bodied woman at the age of twenty-one. How delightful for our English Queen of Norway to live in a country where her sex is respected and enjoys full citizenship! To a proud woman like our own Queen Mary it must be intensely humiliating not to be able to open a newspaper which does not insult the sex to which she belongs.

The Women Writers Suffrage League, of which Mrs. Flora Annie Steel is President, are arranging a Sweated Workers Exhibition for May 28th at the Knightsbridge Palace Hotel. Sweated women will demonstrate the making of shirts, match-boxes, children's hobnail boots, and brushes.

Mrs. Steel allowed the first manuscript chapter of her greatest novel "On the Face of the Waters" to be sold under distraint on Saturday for £1 7s. 5d. income-tax, "as protest that while she was acknowledged to have produced a monument to British heroism and done work for the Empire, she was not capable of putting a mark on a piece of paper in voting." The manuscript sold at £6 to a London firm of publishers.

The Criminal Law Amendment Committee will hold a Conference on June 3rd at the New Central Hall, Westminster, when the following subjects will be discussed: The Age of Consent (a) Necessity for Raising the Age (b) Legal Difficulties, Solicitation (a) Women Police, Affiliation Law, The Feeble Minded. Admission is by ticket only, and these can be obtained from the offices, 19, Tothill Street, S.W.

BOOK OF THE WEEK.

STELLA MARIS.*

We must always welcome anything from the pen of Mr. Locke, so sure are we of an entirely new outlook on life. We cannot in the least guess what any of his charming people will say or do next, and this characteristic of his writing is one of its chief attractions. *Stella Maris* is no exception to this, indeed its originality and spontaneity should make it hold its own among his best works. There is not a superfluous person in the book, or one tiresome one.

Stella Maris—Star of the Sea. That was not her real name. It would have been obvious to anyone who had a bowing acquaintance with the Latin tongue. Her name was *Stella* and she passed her life by the sea, passed it away on the top of a cliff on the South Coast; passed it in one beautiful room that had big windows south and west; passed it in bed, flat on her back, with never an outlook on the outside world, save sea and sky. We meet her at the age of twelve, living to a certain extent the lives of grown-up men and women by means of a charm, a mystery, a personality, essentially gay and frank.

She held a little court of those favoured few who were permitted to visit her. The young men, Herold, the Great High Favourite, John Risca, Great High Belovedest, Lady Blount, her aunt, with whom she lived, Her Most Exquisite Auntship, and her uncle, Sir Oliver Blount, His Great High Excellency, and her trained nurse, Her High and Mightiness.

John Risca and Herold, of little kinship to the child, vie with each other in devotion to her. By universal consent, nothing sordid or sad is permitted in the room that came to be in the eyes of those who loved her a sacred spot. The story of John Risca's life is unknown to her; how in extreme youth he had made a disastrous marriage; how his wife had been sentenced to three years' penal servitude for diabolical cruelty to an orphan servant girl; how he, in reparation, had taken the girl *Unity* in quixotic fashion, and brought her to his house, and compelled his maiden aunt to live with him and bring her up. All this was a sealed book to *Stella Maris*. In utter ignorance of the world the child grew into the woman, and then the unexpected happened—the spine trouble was cured, and *Stella* was as other maidens. And of course by this time, John and Herold both realise that the devotion for the child had become the love for the woman; but the great High Belovedest was the chosen of her heart. John, with his criminal wife.

And this unthinkable wife finds out *Stella Maris*, and scorches her innocence with cruel knowledge, and blackened the name of her great souled husband, so that she might more cruelly wound; and couples his name disgracefully with *Unity*.

* By W. J. Locke. (John Lane, London.)

And *Stella*, like many other untried, untempted people, refuses to believe in his honour, fails to realise that the peculiar circumstances of her life had justified his deception; and Herold, who so unselfishly loves them both, is unsuccessful in his mission of reconciliation.

There is great beauty of character in the orphan child, *Unity*—hopelessly common in her appearance though she was. Her unselfish devotion to John, her knowledge of his hopeless love for *Stella* causes her to shoot the woman who was the barrier between—and to end her own young life in like manner.

Below, deep in the grave lay *Unity—Unity*, who had taken a human life, and had taken her own for the sake of those she loved. There, in that oak coffin lay all that remained of the common little girl, with the lilies on her bosom.

"Blessed are the dead which die in the Lord."

"*Stella*—young, emotional, inexperienced, overwhelmed by the shattering collapse of her faith, found in the simple words an unquestioned truth." But, after all this sacrifice, she does not marry John, though he again takes his place as her friend. But we advise all who can obtain it to read for themselves this book.

H. H.

COMING EVENTS.

May 24th.—Matrons' Council of Great Britain and Ireland; Quarterly Meeting, 431, Oxford Street, London, W., 3.30 p.m. Tea 4.30 p.m.

May 26th–31st.—Post-Graduate Week at York Road Hospital, S.E.

May 28th.—Annual General Meeting Asylum Workers' Association, 11, Chandos Street, Cavendish Square. Sir John Jardine, K.C.I.E., M.P., LL.D., President of the Association, in the chair. 3 p.m.

May 26th.—Rural Midwives Association. Tenth Annual Meeting. The Countess of Cawdor will preside. 3 Grosvenor Place, S.W. 3.30 p.m. Tea and coffee 4.30 p.m.

NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

June 3rd.—Reception of Guests in Royal College of Surgeons, Dublin. 8.30 p.m.

June 4th to 6th.—Conference and Exhibition organised by the Irish Nurses' Association, Royal College of Physicians, Dublin.

Questions of interest to be discussed:—Nursing Education, Preliminary, Reciprocal and Post Graduate Training; State Registration; the Nurses' Registration Bill, its effect on the Nursing Profession, including Hours of Work, Remuneration and Privileges; the Law as it affects Trained Nurses; White Plague (tuberculosis); Black Plague (venereal disease); the Appeal of the Insane; Poor Law Nursing; School Nursing; the Training and Professional Ideals of the Masseuse; the Legal Status of the Midwife; a Just Midwives' Act for Ireland.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

NURSES AND BLACK PLAGUE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In reading over the Agenda for the Conference in Dublin, I was pleased to see that "Venereal Disease" is to be given an important place. Knowing that you have always the welfare of women—and particularly of nurses—at heart, I should like to draw your attention to the letter which I was forced to write to the *Guy's Hospital Gazette* while O.P. Sister, and which was almost immediately followed by some good results.

I did not think of this going beyond the hospital. I think THE BRITISH JOURNAL OF NURSING could do a great deal in bringing this subject before the nursing world, rousing it to realise the latent dangers lurking in many of the cases nurses are called upon to attend without a suspicion of the terrible risks they run.

I know that many medical men shirk the unpleasantness of informing patients and their friends lest a scene should result; but is that a justifiable excuse for allowing infection to spread? There certainly can be *no excuse* for allowing Nurses to attend such patients without warning, because of the danger to themselves and their other charges; yet, I believe this is the general rule in many if not most hospitals. It is quite time the Nursing Profession was roused to take steps for its own protection in this direction also, and that men, whether in the profession or not, realise that women may not be exposed to needless danger with impunity.

I came across another subject which I think will interest you. A very estimable woman who had qualified in Scotland as midwife was nursing a complicated case of pneumonia *drawing the full fees of a fully qualified nurse* who had given up at least as many years to her training as she had months. When is Registration coming in? This woman had the audacity to ask me questions as to the care of back and mouth as she had only had maternity cases before (which seemed to have been very straightforward).

Believe me,

Yours truly,

JENNIE PATERSON,
(Late Sister of Guy's Hospital,
now retired.)

Windsor Quadrant,
Kelvinside, Glasgow.

[We thank our correspondent for touching on a question of very great importance to which we have drawn public attention from time to time. We are glad to know that instruction of how to avoid infection from venereal poison is now being

given in several hospitals and infirmaries to the nursing staff. Such teaching should be the rule in all places where persons come in touch with such diseases. We feel sure that the session devoted to "Black Plague" will be one of the most interesting and useful to be held at our Dublin Conference.—Ed.]

THE MORE PUBLICITY THE BETTER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I suggest that one way in which the British Medical Association can help us nurses to protect the public from exploitation and injury is to refuse to employ as a private nurse any woman who has not at least a certificate for a three years' consecutive training in the wards of a good general hospital. Let London members take such action to begin with, and the system of underselling fully-trained nurses by the London Hospital, so courageously tackled by Dr. Chapple, would soon be put down. London Hospital men who are members of the B.M.A. could surely be made to see how unfair such competition is, and would no doubt support our appeal for justice and right dealing.

The London Hospital nurses stand to gain much by such action. They enter into a contract to undersell their profession by short term training without realising it. Many of them realise their ignorance in private work with only two years' ward experience, and have returned to the hospital for a third year's practical work in the wards. Such a third year should be theirs by right.

The London Hospital now stands alone in the Metropolis amongst training-schools as undermining nursing standards. It is as unjust to the nurses as it is to the public, and I feel sure with a little kindly co-operation with private nurses organisations the British Medical Association could soon compel the Committee of Management of the London Hospital to reform its system.

Might I suggest that a list of Nurses' Co-operations be compiled and sent to every member of the B.M.A. in London. Several of the general hospitals which have a Private Nurses' Department permit nurses to work on the co-operative system if they choose, *i.e.*, St. Bartholomew's, University College, Westminster, and the London Homœopathic, perhaps others, and I feel sure that public opinion will support Dr. Chapple that "no hospital should exploit its nurses for its financial advantage." In my opinion this system has always appeared most unjust, and is I believe in many instances the reason hospital governors oppose registration.

I am, yours truly,

RHODA MlTHERELL,
(Member R.N.S.)

THE UN-FREE PRESS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—“Do you know I am a woman? When I think I must speak.”

But the Press says—you shan't. But the Press

is free! Not free to *war*—you are a woman—except under very exceptional circumstances, and by great indulgence and favour.

Is not this the attitude of the vaunted "*Free Press*," which is but a tantalising anomaly to women? There is just one consoling thought about it—as the Women's Movement grows, and sweeps onwards and upwards like an irresistible flood, the opposition will use every futile weapon of despotism to stop it. The efforts now made to muzzle us will have as little effect in the long run as all the other forms of suppression; but, in the meantime, it is very annoying. I wrote the other day to the *Westminster Gazette* and the *Morning Post*, on the subject so near and dear to our hearts—State Registration—in response to an interesting letter in the former by our good friend, Sir Victor Horsley; and to comments by a "Representative" of the latter. The editor of the *W.G.* returned me my letter; he thought it time to close the correspondence! The other editor had not even the courtesy to do as much as that! The insults—both negative and positive—which men heap upon women are becoming unbearable. It is time Englishmen left off talking hypocritical platitudes about England being a free country, and a Christian country. It is neither, while women are slaves. I was particularly disappointed that my letters were rejected. They referred to the Deputation on State Registration to Mr. Asquith, on the 28th ultimo, which I considered unsatisfactory because unfair. Mr. Sydney Holland is allowed every facility, backed by unprofessional men—chairmen of Hospital Committees and the like—to state his views—views supported by misleading statistics—while professional women who want to speak the truth are gagged.

The public who will have read this one-sided correspondence will wonder at the apathy of women—more especially nurses—in not replying! Where is the remedy? There is none but the *Parliamentary Vote*. We must "fight the good fight with all our might."

BLAIRICE KENT.

Colosseum Terrace, N.W.

"So partisan and unjust are the Harmsworth group of newspapers, the *Daily Telegraph*, and the *Westminster Gazette*, to those who support Nurses' Registration, that it is mere waste of time, either to attempt to present the truth on this question to the public; or to reply to "anti" attacks in their columns. We believe that recently the *Westminster Gazette* actually returned Dr. Chapple's letter on the recent Deputation which he introduced to the Prime Minister, whilst providing space for two attacks on the nurses from the pen of Sir Henry Burdett; and, of course, a lengthy epistle from Mr. Sydney Holland!—ED."

CRAMMING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—I am very pleased to see THE BRITISH JOURNAL OF NURSING entering the lists in opposition to cramming. I can speak

with considerable practical knowledge as to the training of midwives, and I unhesitatingly say that a three months' course is far too short. It is inadequate for nurses with previous training; it is ludicrously so when the foundation of instruction in general anatomy, physiology, and hygiene has to be laid before one can build upon it the special knowledge. I am sure every one with experience in the training of midwives will say the same.

I am, Dear Madam,
Yours faithfully,
CERTIFIED MIDWIFE.

REPLIES TO CORRESPONDENTS.

Midwife, Chester.—The registration of the birth of a child must be effected within forty-two days of its birth, either by the father or mother, or, failing them, the occupier of the house, or any person present at the birth. After this time has elapsed the Registrar can require the attendance of any of these persons at his office to give the information.

Miss Bates, Liverpool.—We quite agree that it is time the mortuary was improved. If the committee of the hospital do not see their way to spend money upon it, cannot you raise a private fund, and then, with the permission of the committee, get the work carried out?

OUR PRIZE COMPETITIONS.

May 31st.—Say what you know about epilepsy and its treatment.

June 7th.—What do you understand by summer diarrhoea in infants, and what is the cause?

NOTICES.

WHERE TO GET THE B.J.N.

If unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. If you ask for this Journal, do not be put off with a substitute. Copies can always be procured at the offices, 431, Oxford Street, London, W., and through Messrs. W. H. Smith & Son. In Scotland from Menzies & Co., Glasgow; and in Ireland from Fanning & Co., Dublin.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

STATE REGISTRATION OF TRAINED NURSES.

Full information as to the movement for the State Registration of Trained Nurses, and application forms for joining the Society can be obtained from the Hon. Secretary of the Society for the State Registration of Trained Nurses, 431, Oxford Street, London, W.

The Midwife.

CLAPHAM MATERNITY HOSPITAL.

UNDER MEDICAL WOMEN.

Dr. Helen Webb presided at the annual Meeting of the above hospital on Thursday, the 15th inst. Experience seems to show that the ever-interesting subject of the *mother and child* always attracts a good audience of women—a proof surely that the mother spirit in the sex is strong and unconquerable. The present occasion was no exception to the rule.

Dr. Sarah Grey, in moving the adoption of the 24th Annual report, referred to the past history of the hospital, the contrast of the past with the present demonstrated the steady advance and progress of the work, and showed, in a marked degree, the influence of the modern spirit. She paid a tribute to the memory of Lord Lister, whose work and teaching had been so abundantly productive of good in maternity work. In referring to the moral aspect of the work, the speaker said that practical compassion had been the ideal of the foundress. To encourage independence, the patients paid a small sum towards the expenses.

Dr. May Thorne seconded the adoption of the Report, which was carried unanimously. She referred in her remarks to the difficulties of the Insurance Act, and optimistically suggested that it might be of use in the future when the difficulties had been removed! This raised an interesting point, and elicited information which affords yet another proof of the un wisdom, expense, and inconvenient consequences of rushing a Bill of such wide social importance through the House before it is "understanded of the people."

To quote from the annual report:—

"When making our report a year ago, the main subject which had to be brought before the subscribers was the fact that our existence as a hospital was imperilled by the passing in 1911 of the National Insurance Act, in which Clause 12 enacted that 'no payment shall be made on account of Maternity Benefit to, or on account of any person during any period when the person in respect of whom the benefit is payable is an inmate of any hospital, infirmary, &c., supported out of public funds or by charity or by voluntary subscriptions.'

"Throughout the whole year 1912 representations were made by various London and Provincial Hospitals to impress upon the Commissioners the ruin that must ensue to all the schools of training in midwifery, whether for medical students or

pupil midwives, if patients were discouraged by loss of the maternity bounty from coming into Hospital. The consequent injury to the well-being of women of all social classes which would follow, was of course obvious to all engaged in trying to work out the details of an Act 'intended for the betterment of national health.'"

What happened was this, the Commissioners took a year to think about it! Oh the waste of time, stamps, notepaper, and temper! Then Circular 73 was issued, which brought order out of chaos and made everybody happy!

"In every case the whole of the benefit (where no such benefits have been made) or the part remaining in the hands of the Society *will become payable* to the member either in kind, or in instalments, or as a lump sum, as the Society may determine, *when the woman leaves the Hospital.*"

The matter is of such vital importance and great significance that I have ventured to quote at some length. This concession does not, however, make the Act fair all round in respect of Maternity Benefit. The charwoman may have worked industriously for 26 weeks previous to the birth of a child, showing her own contributions up to date, but if her husband's card cannot show the same regular payments she gets no Maternity Benefit, only Sickness Benefit.

Under these new conditions the Maternity Hospital now exacts a portion of the Maternity bonus from the patients in addition to the small contribution formerly fixed, but pleads for subscriptions towards the expenses of the uninsured and post office contributors. This attitude has been adopted by seven other Maternity Hospitals of London. Dr. Annie McCall, who formally moved the re-election of the Chairman, Dr. Caroline Sturge, and all the Committee, gave these interesting particulars, and pleaded, with other speakers, for more annual subscribers. She said that the work of medical women had been going ahead all over the world, but in spite of this fact the question as to whether women were really physically fit for the strain of obstetrical work and operations had recently been mooted. Her answer to that was that the work of that Hospital had been going on for 28 years, and a *man* had never once been called in! After a call for a vote of thanks had been cordially responded to, the Meeting broke up and gravitated towards the refreshment room, and enjoyed the hospitality of the institution.

One interesting fact I had almost forgotten. The adapted houses which have served their

purpose as a hospital for so many years are now to be replaced by a modern up-to-date hospital, which is to be built forthwith. Money for this purpose is also urgently needed.

B. K.

It is to be hoped it will be forthcoming, as the good work done by this hospital, both for poor women and in the training of midwives, is well known. It is lamentable how difficult it is to raise money for maternity hospitals. If we appreciated them at their true value we should regard their maintenance as of the first importance.

OPHTHALMIA NEONATORUM.

The *British Medical Journal* discusses a memorandum published by the Medical Officer of Health of Glasgow submitting a report by Dr. Florence Mann on the recent experience of the department in dealing with ophthalmia neonatorum. The report covers a period of seventeen months, during which time 341 cases occurred; this is equal to 9.4 per 1,000. In only 31 per cent. of the cases was the gonococcus recovered, but as the taking of swabs becomes more usual it is thought that a higher percentage will be obtained. It is usually regarded as being present in about half the affected cases. In at least 9 per cent. of the cases syphilis was also present, and in contrasting the results of the eye affection in children with and without syphilis Dr. Mann shows that of the non-syphilitic cases 81 per cent. made an absolute recovery, but of the syphilitic cases only 48 per cent. Total blindness followed in 1.2 per cent. of the former and 8 per cent. of the latter. This observation is most significant. In 3.5 per cent. the symptoms developed within twelve hours of birth, 56 per cent. occurred within the first four days, and 3.2 per cent. after the fourth day, and 8.5 per cent. after the eighth day. Treatment at home was found to be unsatisfactory in many instances, and such cases were admitted to the reception home. Dr. Mann came to the conclusion that it was wise and even advisable in many instances to take the children into the home without the mothers. Under these conditions the children did well. Written directions are issued by the department for the guidance of the nurses attending the cases. The report brings strongly into view the fact that the disease is very amenable to treatment, and that if this be commenced early enough few cases will be lost. If, however, in the early stages treatment be inefficient there is no disease more liable to produce permanent blindness.

INFANTICIDE BILL.

A Bill has been introduced into the House of Commons by Sir William Byles, the object of which is to abolish sentence of death in cases of infanticide by mothers where the infant is under the age of four weeks. The sentence which the Bill proposes to substitute is detention during His Majesty's pleasure.

THE MATERNITY BENEFIT AND UNCERTIFIED PRACTICE.

The Medical Officer of Health for Berkshire is circularising Approved Societies pointing out that in several instances in the claim for Maternity Benefit the required certificate has been signed by a woman practising as a midwife though not certified as such by the Central Midwives Board. He therefore sends a list of certified midwives who have given notice of their intention to practise in Berkshire during 1913, and asks any Societies which receive maternity certificates signed by women whose names are not on that list to communicate with him so that he may make enquiries on behalf of the County Council, the Local Authority under the Midwives Act. He further suggests that it would tend to prevent unqualified practice if the word "certified" were inserted before "midwife" in the certificate form, and the woman be required to give the number of her certificate.

We agree that a midwife should always use her full title of certified midwife with her Roll number. At the same time, the Midwives Act provides that "any woman who not being certified under this Act shall take or use the name or title of midwife (either alone or in combination with any other word or words) or any name, title, addition, or description implying that she is certified under this Act, or is a person specially qualified to practise midwifery or is recognised by law as a midwife, shall be liable on summary conviction to a fine not exceeding five pounds."

Therefore anyone not certified under the Midwives Act signing herself as midwife is liable to a penalty of £5. It may be that the Insurance Act may help to put down unqualified practice.

MIDWIVES UNDER THE INSURANCE ACT.

An interesting point raised in the discussion on Mrs. Parnell's speech, plading for longer time on the last day of the Midwifery Conference in connection with the Exhibition at the Royal Horticultural Hall, was the position of midwives under the Insurance Act.

Mrs. Lawson, of Manchester, speaking on the subject of the employment of midwives, under the Insurance Act, explained that midwives in the North had adopted the plan of obtaining the names of the agents of Approved Societies. Often the agent was required to take to the patient a receipt form for the doctor or midwife to sign. Perhaps he said, "Oh, why did you not have a doctor?" Under the Act the patients had a free choice of doctor or midwife, and this was pointed out to Approved Societies. They were now co-operating splendidly and the agents now said to patients, "You must get a receipt for the midwife's fee. I require it." Agents were sometimes Jacks-in-office and needed a salutary lesson, but a man did not like to be shown up to his own Secretary.

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EDITORIAL.

THE INFLUENCE OF INTERNATIONALISM.

The sympathetic and educative influence of the International Council of Nurses on the nursing profession extends far beyond the central organization, and is felt, through the National Councils of Nurses affiliated with it, by every Society which helps to build up these Councils. Thus we are sure that the spirit of internationalism will dominate the forthcoming Conference at Dublin, organized by the Irish Nurses' Association, one of the constituent societies of the National Council of Trained Nurses of Great Britain and Ireland.

For the information of those unacquainted with the formation and objects of the International Council of Nurses, they may be briefly summarized.

The proposition to found an International Council of Nurses was made by Mrs. Bedford Fenwick at the Annual Conference of the Matrons' Council in London in 1899, at which the Nursing Delegates from foreign countries then attending the International Congress of Women were present. It was seconded from the chair by the late Miss Isla Stewart, and supported in an eloquent speech by the Founder and President of the International Council of Women, Mrs. May Wright Sewall, U.S.A.

The reason advanced by the foundation members of the International Council of Nurses for its formation was as follows:—
"We nurses of all nations, sincerely believing that the best good of our profession will be advanced by greater unity of thought, sympathy and purpose, do hereby band ourselves in a confederation of workers to further the efficient care of the sick, and to secure the honour and the interests of the nursing profession."

Organization is achieved by the combination of National Councils or Associations of

Nurses, composed of societies of graduate nurses and matrons, grouped together, which, by affiliation with the International Council are admitted to the spacious freedom and comradeship of the nurses of the world. The hands of those working in the affiliated countries to improve nursing conditions, often under most difficult circumstances, are thus strengthened, and the Council endeavours, in the words of its Hon. Secretary, Miss L. L. Dock, "to assist the great processes of character building by encouraging independent thought, free speech, self-controlled action, and the sense of responsibility towards all those who follow after us when we are gone."

The history of the International Council of Nurses has been one of continued progress, and the Congresses held by it increasingly successful. When it met in Berlin in 1904 the national groups of nurses in three countries were affiliated: Great Britain and Ireland, the United States of America, and Germany; in London in 1909, Holland, Denmark, Finland, and Canada entered into membership, and last year, at Cologne it had the happiness of welcoming the nurses of the Indian Empire and New Zealand.

One of the facts most clearly demonstrated at these meetings has been the unanimity of the organized nurses of every country on the vital questions affecting their profession, on education, economics and organization, and the resolutions and pronouncements of so representative and important a body, in regard to such questions as State Registration of Nurses, which it has supported unanimously on three occasions in general meeting assembled, must influence legislation for the benefit of the community throughout the world.

The next triennial meeting of the Council is to be held at San Francisco in 1915, and already the nurses of many nations are preparing to participate in it.

CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. KNYVETT GORDON, M.B.Cantab.

ABDOMINAL PAIN.

In pursuance of the general idea underlying these rough notes, namely, that they should deal with ailments and symptoms as they are found in practice, and not necessarily under the text book headings, it has occurred to me that a short discussion on "stomach aches" might be useful to those nurses who read this paper.

My object is not to include all the conditions to which pain in the abdomen may be due, but rather to give an outline of the pitfalls which beset the unwary person who is apt to take the symptoms too lightly. It may be urged that diagnosis is no part of the duty of a nurse, and it is certainly unwise for her to impart her diagnosis to others, but some knowledge of the principles on which it is founded may be of incalculable value, as it may prevent her failing to observe important signs which may appear during the absence of the doctor.

The first point which I wish to make is that all abdominal pain is primarily surgical. By this I mean that the first thought that should be in the mind of anyone—doctor or nurse—who sees a patient in pain which is referred to any region below the diaphragm is, "Can this possibly be due to a condition requiring immediate surgical treatment?" No harm whatever is done by summoning a surgeon in consultation over an attack of colic, but the other side of the question is fraught with tragedies. How often, for instance, has one seen an abdomen opened and pus gush out in pints from peritonitis due to unrecognised appendicitis or perforated ulcer of the stomach or bowel? In these cases, does not one almost always get the history of stomach ache treated with scant respect or by an aperient?

With this danger in mind, let us try to see how we can distinguish pain which "means something" from that which is really trivial in its outlook.

Here again let me draw attention to a common fallacy. The intensity of the pain has very little to do with its danger, or, in other words, a really serious condition may be accompanied, or preceded, by pain which is so slight as to escape the attention of a nurse who is not aware of this.

Another point is never to give an aperient to anyone with a stomach ache—especially a child—without examining the abdomen. In practice, the more one sees of these things the less

frequently does one prescribe an aperient even after careful examination. One of the most deadly of common "vulgar errors" is to allow the domestic children's nurse to give an aperient at all.

An example will make these two points clear. I was called to see a little girl, aged about six, one evening, because she was restless, and would not go to sleep. The story was that on the morning of the previous day she had complained of a stomach ache, for which a teaspoonful of "syrup of figs" was given—her usual and previously quite satisfactory aperient. This acted fairly well, and the pain passed off. It had never been at all intense, and was not taken at all seriously by the mother. On the evening of the same day, the child vomited once, but this was thought to be the syrup "working off." On the morning of the next day the child *seemed better*, and it was only because she was restless that I was sent for in the evening. I found that the restlessness was accompanied by a temperature of 101°, and that the pulse rate was 120. On examining the abdomen, I found that it was quite rigid, especially on the right side, and that it moved very badly with respiration. A diagnosis of peritonitis arising from an inflamed appendix was made, and immediate operation advised. To this, however, the parents would not consent. The next day the child was very much worse, and consent to operate was obtained. On opening the peritoneal cavity, pus gushed out, and a condition of general peritonitis was apparent, which had arisen from an inflamed appendix. The child never rallied, and died the next day—of ignorance.

Coming back to the original question, namely, how we are to know when pain in the stomach is of serious origin, it is best, I think, to put the intensity of the pain out of court at first, and I am afraid we must say the same about its situation, especially in children. By this I mean that pain is sometimes felt in places which are apparently rather extraordinary, and certainly misleading. It is true that some lesions—a stone in the kidney, for instance—usually give rise to pain in a particular spot, but we cannot argue the other way with any degree of accuracy. The pain of an inflamed appendix may be felt on the opposite side of the body altogether, and an aching over the region of the appendix may be due to pneumonia pure and simple. As regards intensity, I have repeatedly opened the abdomen in the course of an attack of enteric

fever and found a perforation of the intestine, when the preliminary pain had been quite slight.

The first point—and one which I am afraid is often ignored—is that the patient should be stripped and the abdomen examined. We notice, firstly, on inspection whether the abdominal wall is moving well and equally in all parts with respiration, and on palpation with the warm hand (a cold hand is useless), whether there is any rigidity, and if there is, whether it yields or passes away with gentle pressure; also whether it is confined to one particular part of the abdomen or not.

It is also important that we should note whether there is any distension or tenderness of any part of the abdomen. We naturally also enquire when the bowels have acted last, and whether there has been any vomiting. The temperature and the pulse rate should then be taken and recorded. If the former is raised, it proves at any rate that the pain is not due to simple colic, but the absence of pyrexia proves nothing whatsoever. The pulse rate, however, is far more important, for a rapid pulse almost always points to something grave unless the temperature is very high, in which case the pulse rate will be raised also.

Let us now see how these signs fit in with the conditions which may give rise to abdominal pain. We will take the cases of children and adults separately.

In children we have to think of appendicitis first, and we must recognise that the pain is not by any means always referred to the region of the appendix; it may be felt in the pit of the stomach, or even on the opposite side. But there will almost always be some tenderness or rigidity on the right side low down, and it is not uncommon to find the right leg drawn up as the child lies in bed. Another grave condition is to be thought of in young children, namely, acute intus-susception, where one portion of the intestine slips into another portion and sticks there. This is accompanied by rigidity, usually of the whole of the lower part of the abdomen, and by passage of blood and slime per rectum. The importance of suspecting these two conditions lies in the fact that a surgical opinion must be sought at once, and the ultimate fate of the child depends almost entirely not on what operation is performed, but on how soon the watchfulness of the mother or nurse enables it to be done.

Three common "medical" causes of abdominal pain in children are Pneumonia, Typhoid Fever, and Acute Indigestion. I have purposely put the latter last of all, because it is

so often assumed to be present when the pain is really due to some more grave condition.

In adults the problem is more complicated because, besides the previous conditions found in children, we have to consider perforation of a gastric or duodenal ulcer, colic from blocking of the duct of the gall bladder with a gall stone, renal colic, due to passage of a stone from the kidney down the ureter, intestinal obstruction from one cause or other, and, in women, peritonitis from rupture of a tubal gestation, or an abscess in the fallopian tube or ovarian region.

To describe all these in detail would be out of place here, but the point that I wish to make is that none of them should go unsuspected by a nurse, and that she should examine the abdominal wall for any sign of rigidity or tenderness, and should carefully take the pulse rate, rigidity and a rapid pulse being the cardinal signs of something serious in the abdominal region.

(To be continued.)

OUR PRIZE COMPETITION.

SAY WHAT YOU KNOW ABOUT EPILEPSY AND ITS TREATMENT?

We have pleasure in awarding the prize this week to Miss Emily Marshall, 123, New Bond Street, London, W.

PRIZE PAPER.

Epilepsy or falling sickness is an independent disorder. It must be referred to some yet unknown state of irritation of the brain. It can occur in early childhood, and a predisposition for the malady is, to a great extent, dependent upon hereditary taint.

In ancient times it was regarded as a direct infliction of the celestial powers. In the Jewish, Grecian, and Roman philosophy it was made the foundation of the belief of possession by evil spirits, and the Biblical descriptions of being possessed of the Devil are popularly supposed to refer to this disease.

There are two different forms of epilepsy (a) the fully developed form, or motor epilepsy, called "*Grand mal*," and (b) the undeveloped form, or *petit mal*.

Definition of "*grand mal*" is sudden and complete loss of consciousness and sensibility, with spasmodic contractions of the muscles, lasting from one to fifteen minutes, and followed by exhaustion and deep sleep.

The *Grand mal* fit commences with a loud shriek or scream, and the patient suddenly falls down convulsed and insensible. The convulsive movements are often extreme, and one

side of the body frequently affected more than the other. There is violent closing of the jaws; the tongue is liable to be bitten; a foam issues from the mouth, often coloured by blood; the eyes quiver or roll about, or are fixed and staring; the hands are firmly clenched, and the thumbs bent inwards upon the palms; urine, &c., sometimes escapes involuntarily; the breathing is impeded by spasm of the larynx and performed with a hissing sound; the cheeks and lips are of a deathly pallor; the veins of the neck and forehead distended, the heart acts tumultuously, and death seems inevitable. Gradually, however, the symptoms remit, and the patient recovers consciousness slowly and regards the attendants with wonder, and then generally falls into a quiet and sound sleep, and awakes without any suspicion of having had an attack, and may merely feel languid and inert.

During the fit the patient needs to be watched and care taken to prevent the tongue being bitten: it is a good plan to put a firm but soft plug of cork or some similar material between the jaws.

The convulsive movements should not be restrained by force; artificial restraint during attacks may result in more rapid loss of reason. The patient's head should be slightly raised, and all tight clothing loosened, which is likely to interfere with circulation and respiration.

Medicinal remedies are all three salts of bromide, the strength and doses according to the age of patient and severity of attacks. Excitement should be avoided; diet generous, but simple; vegetable is preferable to animal food; only a small amount of meat is allowed, alcohol, strong tea, and coffee are forbidden. Epileptics are personally unfitted for married life, and are incapable of having healthy children.

Petit mal is a mild form of the disease, in which there is slight or even unobserved convulsion, only a transient pallor of the face, no bitten tongue, no foam, and only momentary obscuration of the mental faculties. There is an endless variety of this milder form, and it often alternates with *Grand mal*, or the lesser develops into the greater.

Some patients have premonitory symptoms called the "Aurora." The most striking premonition is a sensation of cold or warm air, or the creeping of an insect along the skin towards the head, and as soon as it stops a fit occurs. This knowledge helps a patient to secure a place of safety for himself, or in some instances a remedy, such as nitrate of amyl, may avert the paroxysm.

Other patients have in modified epilepsy

peculiar delusions, and may become dangerous to those about them.

Epilepsy may continue from childhood to advanced age. The consequences are generally disastrous, both on the physical and moral condition; severe attacks enfeeble the memory, and in some cases terminate in general paralysis.

A remarkable historical fact has not been accounted for by physicians. Julius Caesar, Wellington, Napoleon, and the Grand Duke Charles of Austria, four of the greatest generals the world has known, were all subject to epileptic fits. (Taken from "Hic et Ubique" by Sir William Fraser.)

And a distinguished physician remarked of Mahomet (who was an epileptic) if he had been dosed when he was young with twenty or thirty grains of bromide thrice daily for a long period, the course of the world's history might have been differently ordered indeed.

HONOURABLE MENTION.

The following competitors are accorded honourable mention:—Miss M. Cullen, Miss S. Simpson, Miss B. Widdop, Miss A. Dyer, Miss Dawson, Miss T. Guinan, Miss H. Scott, Miss S. Crisp, Miss J. E. Gilchrist, Miss M. Spencer, Miss J. van Stermbeek.

Miss S. Simpson writes:—Although the name is commonly associated with the idea of convulsions, and these indeed occur in the most typical and severe forms of attack, still, it is important to note that coma is almost invariably present with the convulsions, and in many slighter attacks there is no convulsion at all; and its recognition, to a certain extent, depends on the absence of any other symptom from which the existence of structural lesions or diseases likely to cause convulsive phenomena could be inferred.

Miss B. Widdop points out that in the intervals between the fits the patient should lead as quiet a life as possible, free from excitement and worry. His food should be plain and nutritious, containing the minimum amount of alcohol possible. His bowels should be kept open by a frequent aperient. Some patients can abort the complete attack by certain manoeuvres after the warning given by the aura. Often they can lie down on the floor, and thus avert mechanical injury. They should be instructed to do this. They must not, of course, follow a dangerous occupation.

QUESTION FOR NEXT WEEK.

What do you understand by summer diarrhoea in infants, and what is the cause?

THE ORGANIZERS OF THE NURSING CONFERENCE.

It is with great pleasure that we are able to publish the portraits of the three ladies, who, with the willing and valuable assistance of committees, have taken a leading part in organizing the first Nursing Conference to be held in Ireland, and which will take place in Dublin next week.

MISS MARGARET HUXLEY.

*President of the Irish Nurses' Association,
President of the Conference.*

It is a fortunate chance which has this year made Miss Huxley President of the Irish Nurses' Association, which, as one of the professional societies affiliated to the National Council of Trained Nurses, is organizing the Conference, for could the position of President of the Conference have been determined by a popular vote there is little doubt that she would have been elected to the position. There is no need to emphasize to Irish nurses Miss Huxley's qualifications. Of a most forceful and attractive

personality, she holds a unique position in the nursing world in Ireland, and is recognized as a pioneer in all that concerns the welfare of nursing and nurses. Her opinions are invariably received with respect, and her wise judgment, business ability, and clear insight always command confidence. Trained in the nursing school of St. Bartholomew's Hospital, in the early eighties, she has devoted the whole of her professional life and work to Ireland, holding

for many years the Matronship of Sir Patrick Dun's Hospital, Dublin, and many nurses look back with affection and gratitude to the days when, under her wise direction, they learnt much besides the technicalities of their profession.

Miss Huxley has always taken a leading part in the progressive movement for the organization of nursing, and, with great public spirit and generosity, has on many occasions come over to London to take part in deputations and public meetings when the interests of her profession demanded it.



**MISS M. HUXLEY,
PRESIDENT, IRISH NURSES' ASSOCIATION, AND OF THE
NURSING CONFERENCE.**

nursing, and for twelve years she acted as Matron of the Cork Street Fever Hospital, Dublin, during which time she did much to make the training of the nurses efficient and thorough. The importance of fever experience and of reciprocal training in the educational curriculum of the nurse is more keenly appreciated in Ireland than in this country, and Miss Carson-Rae's excellent work has no doubt had its influence in this direction.

She is a foundation member of the International Council of Nurses, to which the National Council is affiliated.

**MISS A.
CARSON-RAE.**

*Hon. Secretary
of the
Conference.*

Miss Carson-Rae, who is acting as Hon. Secretary of the Conference, has also acquired a well-founded reputation for business ability, in addition to which she has a very charming personality and is much beloved by her friends. Trained at Westminster Hospital, London, her special interest has been given to fever

Four years ago Miss Carson-Rae was appointed Secretary of the Irish Nurses' Association, and is now Secretary to the Nurses' Hostel.

MISS J. E. HUGHES.

Hon. Secretary of the Nursing Exhibition.

Miss J. E. Hughes, who has undertaken the onerous work of the Hon. Secretaryship of the Nursing Exhibition, is as keenly interested in Mental Nursing as Miss Carson-Rae is in fever nursing, and it was a great disappointment to her when the exigencies of the time limit necessitated its excision from the programme of the Conference. It will be a matter for general regret also, for there is no doubt that other countries are before us in the study of mental diseases, and that time, research, and money should be devoted to the elucidation of underlying causes, and that the nursing profession should bring to the service of the insane the best women that it can produce.

Miss Hughes was trained at the Brownlow Hill Infirmary, Liverpool, and worked for Sir Patrick Dun's Hospital till 1888, when she was appointed Superintendent of Nurses at the Whitworth and Harwicke Hospitals, Dublin. Since 1894 she has devoted herself to the insane, first in studying their care at the Holloway Sanatorium, Virginia Water, then at the Richmond Asylum, Dublin, and from 1902 till last year as Matron at the Asylum, Portrane, where her hospitality will long be remembered.

THE OFFICERS OF THE CONFERENCE.

Hon. President.—Mrs. Bedford Fenwick, President N.C.N. *President.*—Miss M. Huxley, President I.N.A.

Vice-Presidents.—There is an influential list of 120 Vice-Presidents, including the Dowager Marchioness of Dufferin and Ava, the Marchioness of Waterford, the Lady Helen Munro-Ferguson, Miss E. S. Haldane, LL.D., the Lady Hermione Blackwood, the Honble. Albinia Brodrick, Miss Hare-Foster, B.A., Organizing Officer, Board of Trade, Dublin; Miss Gwynn, Lady Registrar, Trinity College; Miss MacDonnell, R.R.C., Member Board of Superintendence; Miss White, LL.D., Principal Alexandra College; and most of the Irish Matrons.

Hon. Secretaries.—Mrs. A. Ball, Mrs. Major, and Miss Patton. *Exhibition.*—Miss Hughes.

Pageant Committee.—Mrs. Webster, Miss Macnie, and Miss Patton.

Hospitality Committee.—Mrs. Dallas Pratt, Mrs. Manning, Mrs. A. Ball, Mrs. Richard Dowse, Mrs. Major, Miss Eddison, and Miss Reeves.

Hon. Secretary for Conference.—Miss Carson-Rae.

THE IRISH NURSING WORLD.

THE IRISH NURSES' ASSOCIATION.

It was in the year 1900 that it was agreed to found a Nurses' Club in Dublin, as it seemed desirable that there should be some place where nurses could meet to discuss professional matters, and also for social intercourse. Suitable Rooms were found in Stephen's Green, and for nearly two years very successful Club Meetings were held there, but a longer lease of these very nice quarters could not be obtained, and the Club had, therefore, to be closed, to the great regret of its members. It was reopened after two years at 86, Lower Leeson Street, when the name of the Society was changed to the Irish Nurses' Association, as having a wider significance. Miss M. E. MacDonnell was appointed its first Secretary, and held that office, doing valuable work, till she left Ireland to return to India, where she is now engaged in mission work. The Headquarters of the Association continued to be in Leeson Street until 1911, when it removed to the present Rooms in 34, St. Stephen's Green, which are beautifully situated, overlooking St. Stephen's Green Park. These quarters are large and airy, very bright, and the varying view from the windows is a constant source of interest.

The primary object of the Association is to provide a Central Meeting place, where Nurses can congregate and discuss matters of vital interest to them in their profession. This has proved the very greatest benefit, for the Association has been able to guard the interests of the Irish Nurses, which on several occasions were being interfered with. If the Nurses all over Ireland would only recognise what is being done through the Association, they would join in even greater numbers, for although there is a large membership, it is not nearly what it might be if every Irish Nurse co-operated for the benefit of the whole profession. Besides this very important object, lectures are provided for the members, social gatherings take place, and there is a medical and general Library.

The Irish Nurses' Association having proved itself so useful to Trained Nurses, the Irish Matrons considered it advisable to start an Association for themselves, through which they could confer on matters relating more particularly to their work, which might not be suitable for discussion by the Nurses' Association.

THE IRISH MATRONS' ASSOCIATION

This Matrons' Association was founded in 1903. Each member must be a fully trained Nurse as well as a Matron, or Lady Superintendent. Meetings are held once a month, and

each member in turn is expected to read a paper on some subject of interest.

In the past ten years much good work has been accomplished; amongst its most successful projects has been the School for Massage, which was inaugurated in 1905. It is now a flourishing Society, and saves Irish women much inconvenience and expense, in that they are examined in Dublin by the Incorporated Society of Trained Masseuses instead of crossing to London as formerly; the first examination was held in 1906.

The latest enterprise has been the formation of a Co-operative Hostel for Nurses.

**THE CO-OPERATIVE HOSTEL FOR NURSES,
34 ST. STEPHEN'S GREEN.**

Before starting this Hostel the Matrons thought it wise to take the voice of the Irish Nurses' Association, and find out if such a project would be acceptable to the Nurses. A Circular letter was therefore sent to each member, and the response was so hearty that the Matrons felt justified in embarking on this enterprise.

A grand old house of the Georgian period was leased in St. Stephen's Green, and entry was made in January, 1911. It is an education in itself

to live in this house, for it carries one back to bygone days of real romance. The lovely decorations of the walls, the delicate tracery on some of the ceilings, the beautiful wide staircase with its scroll work, the solid mahogany doors, the white marble mantel-pieces (all of exquisite Adam design), and many other beauties, are a daily joy. One can imagine the stately entertainments that must have been given in the lofty rooms more than 100 years ago. It is a good type of one of the many beautiful houses which abound in Dublin, and which date from the Georgian period. By degrees a large Staff of Private Nurses has

been elected, and it is becoming very widely known over the country. The two years of its existence have been most successful financially, the shareholders having been paid their interest for both years, and as time goes on it is hoped that the Nurses working on the Staff will have a share in the profits. In the meantime, all connected with it are doing their very best to work up a good connection and make the Hostel popular. Much depends, naturally, on the nurses themselves; if they are tactful and do well at their cases their fame will spread abroad.

It is expected that many interests in the Nursing World will be gathered up in the Hostel. At present "The Irish Nurses' Association"

have their Headquarters there; also the "Irish Matrons' Association," "The Dublin Metropolitan School for Nurses" hold lectures and examinations, the "Incorporated Society of Trained Masseuses" hold examinations, and now a Branch of the I.N.A. for Midwives is being formed, and will naturally meet in the Hostel; and in the future no doubt many other important branches will be added.

Again let it be repeated, if Nurses could only

be made to realize the immense benefit it is to have a Central Meeting Place, they would join in hundreds. Formerly when wrongs required to be righted there was no one to appeal to, but now the whole Nursing Profession in Ireland must have a feeling of security in knowing that it has a powerful Association watching its interests. The Conference which is to be held on June 4th, 5th, and 6th of this year has aroused a widespread interest, and much good will no doubt result from it. It is hoped that all members of the Irish Nurses' Association who are scattered over the country will attend, and go back refreshed and strengthened for



MISS J. E. HUGHES,
HON. SECRETARY EXHIBITION COMMITTEE.

their work after the few days' pleasant intercourse, spent in discussing professional problems for the benefit of the sick, and the prevention of disease, and also of how best to strengthen professional organization for the uplifting of our profession as a whole.

A FEW DAYS IN DUBLIN.

After a delightful crossing from Holyhead to Kingstown, the entrance to the harbour of which is said to be one of the most beautiful in the world, I found myself for the first time in Ireland, on a visit which was all too brief, but which was compensated for in this respect by its sweetness. Having but a short time, I spent much of it in dear Dublin. It would be difficult to find any centre more fitted for the recreation of mind and body of those whose time and purse are limited. Intersected as this gay city is with electric tramways running for long distances in all directions, visits to the surrounding places of interest are easy, pleasant, and cheap. Within the town itself is to be found a wealth of historic and picturesque detail of nature, art, and skill. The deeply interesting history of the Irish nation is memorialised by magnificent statuary in the parks and streets.

It was my good fortune to be lodged in the Nurses' Hostel on St. Stephen's Green, one of the most charming situations in Dublin. The house, a Georgian building, in itself a delight, is one of a large square of handsome residences overlooking the beautiful park or gardens, which give it its name. Surely the trees were greener, the flowers brighter, the fountains more brilliant, and the children merrier here, than elsewhere. Hard by, though hidden from sight, lie the city slums, in all the abject, hopeless poverty, with such as even London cannot compare. But here, in these gay gardens, the little children are dancing with light hearts, if with bare feet. Down in the heart of the slums are situate the two Protestant Cathedrals, both of great antiquity and of great architectural beauty. The glorious vista of arches in St. Patrick's, and the ancient crypt in Christ Church, will appeal to those who have any knowledge of or love for these things. Both buildings contain many priceless relics and monuments, and in the latter is to be seen the famous tomb of Strongbow, with the legs of the recumbent figure crossed above the knees, to denote he was three times at the Crusades. It is said that St. Patrick's was

originally outside the walls of the city, which may perhaps account for the two Cathedrals, each with its own Dean and Chapter, being in such close proximity. The ancient University of Trinity College stands in the chief thoroughfare. The magnificent library contains the Book of Kells. The Gospels were written and illuminated with exquisite skill two hundred years before the invention of printing. One is allowed to wander at will in the beautiful old-world quadrangle, which doubtless has been the inspiration of many a poet and genius. My wanderings led me into the sombre chapel. Unable to gain admission to the nave, I found my way into the gallery. When I had completed my investigations, I found the door had closed behind me, and I was unable for some time to reopen it. The unpleasing suggestion of being connected with bombs rose before my unwilling mind, and it was with great relief that I found the way out before being discovered. The Pro-Cathedral, situate at the rear of Nelson's Pillar, is well worth a visit, and on Sunday morning it was crowded with worshippers of all classes, of which a large proportion was of the very poor, all intent and devout.

By the kindness and courtesy of the Matrons, I was enabled to see something of the Dublin Hospitals, notably the famous Rotunda. It was indeed a flying visit, just before I caught my train on the return journey. The sister of the labour ward, after clothing me in an overall and goloshes, allowed me to enter. Its methods and arrangements were those of a modern operating theatre, and the beds specially constructed of white metal, with unyielding laths of the same under the mattresses. I was shown a Caesarian baby, who seemed none the worse for his experiences. Every facility is given in this beautiful hospital for specialisation and observation, but there was only time for a most superficial survey. The Eye and Ear Hospital is the proud possessor of one of the most complete and perfect out-patients' departments in Europe, and I was told that specialists come from all parts to inspect it. It was planned and arranged by a member of the honorary staff, lately deceased.

Then, by the kindness of a lady Guardian, I was shown a portion of the huge and grim workhouse, which contains 4,000 inmates. The infirmary here is divided into two portions, one for the Roman Catholics and the other for Protestants. The former is presided over by the nuns. Each sister has a large number of patients under her care, but has no assistance save from the pauper inmates. The Protestant Hospital is under the charge of a superinten-

dent nurse, and the maternity wards in charge of a midwife. The mortality among the infants is very great, a large proportion of them being brought in too late to benefit by treatment. It was good, however, to see the infants all out of doors in little wooden cradles, but even as we stood there, a smaller and narrower cradle was brought in for the last long sleep of some tiny pilgrim. The sick children over three were in a building of their own, and here again the ward had but few occupants, the majority of the children being in the open. The healthy children are sent to the country. The saddest sight of all was that of the young unmarried mothers, about fifty in number, drifted not from the city chiefly, but more largely from the suburban districts.

Thanks to my kind hostess, I was enabled to make the most of my opportunities, for she not only planned excursions for odd hours, but often herself spared her leisure to accompany me, and gave me the benefit of her knowledge of the country, which she has gained by long residence in Ireland. Round the Phoenix Park in an outside car is an ideal jaunt for a fine evening in May. Such a park as one does not imagine beforehand; no mean drive, for it is seven miles round. We were just a week too early to see the hawthorn in perfection, but the early green of the grass and leaves made one realise that one was in the Emerald Isle. Glimpses of the river, beautiful views from the top of the hill, the gorgeous flower beds of the People's Garden, the stately Vice-Regal Lodge. Past the scene of the hurricane which laid low a thousand trees, past the polo ground and the Zoological Gardens, and we are back in the streets of Dublin again after two hours' delightful drive.

Then on Whit Sunday afternoon we went out by the tram to the Hill of Howth, and made the ascent, also by a tram, winding round

the mountain side, with the blue of the sea on the other hand. On arriving at the top, the conductor at once disappeared, with characteristic casualness, without having collected the fares. As an inspector was around, we feared to make inquiries, and so had a very cheap ride! We were also quite ready for the delicious hot scones and tea at the little restaurant. Puritan prejudices would no doubt be shocked at the Aunt Sallies, merry-go-rounds, and gramophones in full swing, but while one objected to them on aesthetic grounds on so lovely a spot, one could not but remember that this light-hearted, merry people were

probably among a like throng of devout worshippers such as one had witnessed that morning at Mass, and felt that they had in both pleasure and worship found the secret of recreation.

We left the merry crowd, and wandered down the hill on the other side by a winding path overhanging the sea with its wild rocks, and overhanging precipices which reminded one of the North Cornish coast, and further on we sat down to rest by the sheltered side of a little mountain stream, and picked the primroses that grew on its bank.

To Kilminy was another delightful excursion, where the magnificent gorse on the hillside was a sight never to be forgotten, so intensely golden was its bloom. Last,

but not least, was the visit to Poulaphuca, twenty-one miles out into the Wicklow Mountains by steam tram, propelled by a traction engine. This was a new and delightful experience. We left Terenure, which place one arrives at by the electric tram service, our contingent consisting of the engine and two carriages, with roof accommodation covered at the top, but not at the side, so that the view was unimpeded. We travelled at a good pace on the single rails that were laid close against the hedge on the



MISS A. CARSON-RAE.
GENERAL HON. SECRETARY NURSING CONFERENCE.

side of the road, so close, indeed, that one could touch the branches as we passed. On the way at various sidings we added to our cortège by a horse on a sort of loose box, and a low truck with barrels of beer. On and on we went through lovely scenery, past meadows yellow with cowslips, and banks of primroses; past little lonely huts and farms, little villages where the arrival of the tram was evidently the event of the day. At each of the halts were village carts to meet the travellers and drive them off to some more distant village.

Once, without any apparent reason, we came to a halt, and we leaned over to find out the why and wherefore. A shouting and excitement prevailed among the inside passengers, and the figure of a priest was seen flying back over the track from whence we had come. "Me fish! give me me fish!" he was shouting, his coat tails flying in the wind. Presently he was seen returning with a brown paper parcel which he had evidently dropped, and that some wayfarer had picked up.

"And indeed," he exclaimed, "if I hadn't have gone after it meself, the feller wouldn't have given it up." The next day being Friday, the good padre had evidently made an excursion into Dublin on this account, so the temporary loss of that meal was something of a tragedy. Having regained possession of "me fish," the excitement subsided, and we once more proceeded on our way. The end of the journey arrived at, the remainder of the party, including the padre hugging his fish, were met by more village carts and driven off, and I was left alone to visit the amazingly beautiful waterfall with its famous bridge. The small hotel nestling in the valley and the tram station are the only sign of habitation in this exquisite spot, shut in by the mountains. It is already late when we arrive, and the urgent sound of the whistle of the last tram back to Dublin causes me to turn hurried and unwilling footsteps. I am the only passenger on the return journey. The sun goes down like a ball of fire behind the solemn hills, and the tender after-glow touches them with an altogether different beauty. On the lonely landscape it throws up a solitary church spire into relief. Over the mountains on the other side, the moonlight is gaining in ascendancy, and ere the last glow has faded from the west, its silver light is flooding the meadows and streams. We once more slip into the siding of a quarry and attach a large truck of stones and earth, and in this inoffensive company I am carried back to the city of Dublin, dear city of emotion and romance!

H. H.

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

THE DUBLIN MEETING.

In a few days the long-anticipated Nursing Conference in Dublin will be in full swing, and to judge from the programme which appears this week we may safely predict that all who attend will have a delightful time. Our Irish friends evidently appreciate the need for relaxation upon these strenuous professional occasions—and have given immense thought and work to arranging the social functions. We are not going to tell too much, but a little peep behind the scenes is quite permissible. Pageantry, tableaux, and music—to say nothing of a banquet in the Mansion House, luncheons, teas, and motor trips—have all been provided for our pleasure; and if we know anything of the spirit of our National Council we shall work with all the more zest for the kindness and hospitality we are to receive. The historical Procession of Nursing Pioneers, who will bow before Hygeia, has been taken from "A Pageant and Masque on the Evolution of Trained Nursing, and the Right of Life to Health," created and designed by Mrs. Bedford Fenwick, the very fine words of which are written by Miss M. Mollett—and which was presented in London, in February, 1911. "Hygeia" (Miss Story), and the "Four Elements" will make a striking group—as all these handsome young women are not less than 5 ft. 10 in. in height! The Spirit of Nursing and the Science of Nursing—with their attendant Attributes—are all to be impersonated by the prettiest and most charming girls, famous for their beauty in Dublin—and we know what *that* means—so no wonder this Procession is arousing so much interest amongst others than the nursing profession! Then, we are to see once again many of our splendid pioneers—whose golden deeds throughout the ages will never lose their radiance—from Agamede the Fair-haired (Miss V. Hely), ending with a group of Modern Matrons and Nurses, worthy successors of those whose splendid example they emulate.

The Tableaux in the Abbey Theatre on the following night will be really fine; and include charming groups of national and historical character, comprising St. Brigid of Kildare; Finn MacCoul and his band of trained nurses; one of the beautiful legends of St. Elizabeth of Hungary; a representation of Lake Fildes' famous picture, "The Doctor"; as well as some of lighter vein. The Tableaux will be followed by a charming little Irish play, in one act, by the daughter of a well-known Dublin doctor, Miss Alice Mave Finny; and a capital programme of music will be played by Mr. Larchet's orchestra. Amongst those who will take part in the Tableaux are Mrs. Roger Bellingham, Mrs. Charles Dickenson, Mrs. Gordon, Mrs. Mease, Mrs. Moore, Mrs. David Wilson; and the Misses Story, Arnott, Armstrong,

Campbell, Calhoun, Cryan, Hely, Jameson, Lentaigne, Macnamara, Moran, Nixon, Oshaughnessy, Ovensden, Perry, Porter-Porter, Thompson, &c.

All members of the N.C.N. owe a very deep debt of gratitude to the members of the Pageant Committee—Mrs. Webster, Miss Patton, and Miss Isa M. Macnic—for the interesting manner in which they have organised these delightful functions for their pleasure.

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**THE NURSING CONFERENCE AND
EXHIBITION (ORGANISED BY THE IRISH
NURSES' ASSOCIATION).**

*Royal College of Physicians of Ireland,
June 4th to 6th, 1913.*

PROGRAMME.

JUNE 4th.

MORNING SESSION, 10 a.m. to 12.30.

Chair.—Mrs. Bedford Fenwick, President National Council of Nurses of Great Britain and Ireland.

Opening of Conference. Address of Welcome, Miss M. Huxley, President Irish Nurses' Association.

NURSING EDUCATION (LARGE HALL).

1. "The Preliminary Training of Probationers." Miss Haughton, Matron, Guy's Hospital, London.

2. "Reciprocal Hospital Training." Miss B. Cutler, Assistant Matron, St. Bartholomew's Hospital, London.

3. "Post Graduate Teaching for Trained Nurses." Miss Musson, Matron, General Hospital, Birmingham.

Discussion.—Miss Cunningham, Matron, Stillorgan Convalescent Home.

AFTERNOON SESSION, 2 to 4 p.m. (LARGE HALL).

Chair.—Miss Shuter, Past President, I.N.A.

MASSAGE TRAINING AND EDUCATION.

1. "The Training of the Masseuse." Dr. Florence Barrie Lambert, Charing Cross and Royal Free Hospitals, London.

2. "Professional Ideals with regard to Massage Workers." Mrs. Hoghton Stewart, Incorporated Society of Trained Masseuses.

Discussion.—Miss L. Despard, Memb., I.S.T.M.

PHYSICAL DEGENERATION (SMALL HALL).

Chair.—Miss Butler, Matron, Sir Patrick Dun's Hospital, Vice-President, I.N.A.

1. "Black Plague or Venereal Disease." The Hon. Albinia Brodrick.

2. "The Work of the Trained Nurse as a Remedial Agent in connection with Venereal Disease." Dr. Henry Moore, Westmorland Lock Hospital, Dublin.

Discussion.—Dr. Marion Andrews, Belfast.

JUNE 5th.

MORNING SESSION, 10 a.m. to 12.30.

**STATE REGISTRATION OF NURSES
(LARGE HALL).**

Chair.—Miss M. Huxley, President, I.N.A.

1. "The Nurses Registration Bill" "The Organisation of the Nursing Profession by the State for the Benefit of the Public and the Trained Nurse." Mrs. Bedford Fenwick.

Discussion.—Mrs. Strong, President, Scottish Nurses' Association, formerly Matron, Royal Infirmary, Glasgow.

2. "The Law as it Affects Nurses; the Insurance Act; Agreements and Contracts." Mrs. Dickie, M.A., LL.B., Memb. Insurance Commission for Ireland.

Discussion.—Miss Violetta Thurstan, Matron, Spezia Hospital, Italy.

AFTERNOON SESSION, 2 to 4 p.m.

**THE LEGAL STATUS OF THE MIDWIFE
(LARGE HALL).**

Chair.—The Lady Hermione Blackwood, President, Ulster Branch, Irish Nurses' Association.

1. "An Efficient Standard of Training." Miss Ramsden, Matron, Rotunda Hospital, Dublin.

2. "A Just Midwives Act for Ireland." Miss M. Breay, Vice-President, Matrons' Council of Great Britain and Ireland.

3. "Midwifery under the Local Government Board, Ireland." Miss Johnstone, Memb. Ulster Branch, I.N.A.

Discussion.—Miss S. Grace Tindall, R.N. President, the Trained Nurses' Association of India.

**NURSING UNDER THE LOCAL GOVERNMENT
BOARD AND COUNTY COUNCIL
(SMALL HALL).**

Chair.—Miss M. Wright, Matron, Stobhill Hospital, Glasgow.

1. "The Evolution of Poor Law Nursing." Miss E. C. Barton, President, Poor Law Infirmary Matrons' Association, Matron, Chelsea Infirmary, London.

2. "School Nursing." Miss H. L. Pearse, Superintendent, London County Council School Nurses.

Discussion.—Miss West, Matron Protestant Infirmary, North Dublin Union.

JUNE 6th. 10 a.m.

Farewell addresses. Votes of Thanks.

SOCIAL FUNCTIONS.

June 3rd.—Irish Nurses' Association. Reception. Pageant Procession of Nursing Pioneers in honour of Hygeia, adapted from "A Pageant and Masque on the Evolution of Trained Nursing, and the Right of Life to Health," created and designed by Mrs. Bedford Fenwick, the words by Miss M.

M.lett. Royal College of Surgeons of Ireland. 5.30 p.m.

June 4th.—Rotunda Hospital, the Master and Deputy Superintendent At Home. Tea. 4 to 6 p.m. Visit to St. Patrick's Cathedral, personally conducted by the Dean. Choir singing 4 p.m. Hospitals open for inspection. Visits to Sights in the City.

Abbey Theatre, 8 p.m. Beautiful Tableaux Scenes from Nursing History, Groups of Historical and Allegorical Characters, followed by an Irish Play, entitled "Irish Stew," by Miss Alice Maye Finny. Mr. Larchet's orchestra.

June 5th.—Garden Party. Zoological Gardens, Phoenix Park. Band of the Royal Irish Constabulary. Tea. 4.30 p.m. Banquet in Mansion House, Clark Barry's Orchestra. 8.30 p.m.

June 6th.—11 a.m. Day Excursion. Motor Drive to Glendalough, Llanthorn, returning by the Royal National Hospital for Consumption for Ireland. Tea. Shorter Drives to Howth and Killiney.

HOSPITALS ON VIEW.

June 4th.—The Rotunda and Dr. Stevens'. 3 p.m.

June 5th.—Mater Misericordiae. 12 noon. National Maternity, Holles Street. 3 p.m.

Open any day.—2.30 p.m. The Coombe Lying-in, Elpis private, Ivanhoe private. 3 p.m., The Meath, Royal City of Dublin, Royal Victoria Eye and Ear, Children's Temple Street, Children's Harcourt Street.

At 4 p.m. Sir Patrick Dun's, St. Vincent's.

CHURCHES WORTH A VISIT.

The Pro-Cathedral, Christ Church Cathedral, St. Patrick's Cathedral, St. Francis Xavier, University Church.

June 6th.—11 a.m. Miss Gwynn, Lady Registrar Trinity College, will show the College Library.

THE EXHIBITION.

Milis Hall, Lower Baggot Street, Dublin.

BRITISH JOURNAL OF NURSING PRIZES.

Amongst those who are competing for the prizes to be awarded by this JOURNAL are the nursing staffs of the following hospitals in Dublin: Dr. Stevens', Meath, Sir Patrick Dun's, Royal City of Dublin, Children's Harcourt Street, Children's Temple Street, the Rotunda and the Coombe Lying-in Hospitals, and St. Bartholomew's and St. John's House, London, and the National Union of Trained Nurses Nurses' Social Union.

THE JUDGES.

The judges will be Miss Huxley, President I.N.A., Miss Carson-Rice, Hon. Secretary Conference Committee, Miss J. E. Hughes, Hon. Secretary Exhibition Committee, and the Editor, Mrs. Bedford Fenwick.

THE EXHIBITS OF FIRST-CLASS FIRMS.

The following exhibits by leading firms to be found in the Exhibition, will no doubt attract many interested visitors.

MESSRS. STEPHENS & BOURKE, of 26, Stephen's Green North, Dublin, Court Shoemakers.—The firm are specialists in the devices for aiding all kinds of foot troubles to which nurses are specially prone. Thus they are showing Dr. Scholl's Foot Easers, from which many who suffer from a flat instep derive both support and comfort. Noiseless ward shoes, with a rubber piece inserted in the wearing point of the heel, cost 5s. 11d. and 6s. 11d. The firm are also agents for Dr. Jaeger's ward shoes.

MESSRS. HAYES, CONYNBHAM & ROBINSON, LTD., of 12, Grafton Street, Dublin.—This firm are showing a fine display of sick-room appliances. The exhibit includes accouchement requisites, feeding bottles, food warmers, waterproof sheeting, and antiseptic dressings. A lady chemist will be in attendance at the Stand throughout the Exhibition.

MESSRS. BROWN, THOMAS & CO., LTD., of 15-17, Grafton Street, Dublin, are showing nurses' uniform for indoor wear, including aprons in linen and cotton twill, collars and cuffs made from Irish linen, and guaranteed to wear well, and every requisite in connection with uniform.

MESSRS. PIM BROS., LTD., of South Great George's Street, Dublin.—This firm are specialists in nurses' uniforms, cloaks, dresses, caps, bonnets, cuffs, aprons and belts; also in travelling requisites.

MESSRS. FANNIN & CO., LTD., of Grafton Street, Dublin, are showing a large assortment of nursing appliances and surgical instruments, including oxygen apparatus, meat juice extractors, Mr. Arthur Ball's apparatus for the automatic regulation and supply of saline injection, the "Perfection" bed-pan, and nursing and midwifery outfits.

MR. J. FRANK ATKINSON, of 56, Dame Street, Dublin, has an attractive display of glass and delft, suitable for hospital use, urinals, feeding cups, expectoration cups, also crockery and glass for patients' and nurses' use.

BOVRIL, LTD., of 14, Eustace Street, Dublin, and Old Street, London.—The valuable recuperative properties of Bovril are well-known, and the Dublin branch of the firm are arranging an exhibit in which their leading specialities will be on view. Bovril is a highly concentrated and standardised beef food, containing all the important albuminoid constituents of the beef incorporated with the finest extract of meat.

THE MEDICAL SUPPLY ASSOCIATION, 31, South Anne Street, Dublin (a branch of the well-known London firm) are exhibiting a selection of nursing and sick room requisites always of the best make, including many nurses' bags and sterilisers, and many novel appliances for the benefit and comfort of nurses and patients which are sure to arouse interest.

HORLICK'S MALTED MILK CO., of Slough, Bucks.—No exhibition is quite complete without a stand at which Horlick's Malted Milk can be tasted and tested, and we are glad to announce that this ideal food is being shown and demonstrated at the stand of this firm, at which all visitors are cordially invited to call.

THE JELLOID CO., of 70, Finsbury Avenue.—The Iron "Jelloids" (Trade Mark) are a neutral, pleasant, and non-constipating form of iron tonic which are not only widely prescribed by the medical profession, but greatly appreciated by the public. They are often tolerated when iron in other forms cannot be taken.

KEEN, ROBINSON & CO., LTD. (incorporated with J. & J. Colman, Ltd), of Denmark St., St. George's-in-the-East, London. The specialities of this firm, Keen's Mustard, and Robinson's "Patent Barley" and "Patent" Groats are well known and much appreciated by nurses and the public generally. They are to be found at the stand of this firm, and should be thoroughly examined.

THE BRITISH JOURNAL OF NURSING, of 431, Oxford Street, London, W.—At this stand the Special Irish Conference number of THE BRITISH JOURNAL OF NURSING will be on sale, as well as the Transactions of the Cologne Congress, The Overstrain of Nurses, by Dr. Hecker, The Isla Stewart Oration, the Annual Report of the Society for State Registration of Trained Nurses, and other publications of professional interest.

WHERE TO SHOP.

One of the establishments in Dublin, which will, no doubt, attract many of the Conference visitors, is that of Messrs. Switzer & Co., Ltd., of 90, Grafton Street, where is to be found a choice collection of dressing gowns (from 21s. to 35s.), rest gowns, and tea gowns. The new broché silk crêpe rest gowns, in various attractive shades, and lined throughout with silk, cost only 49s. 6d. each; and dainty and useful tea gowns are also most moderate in price. A large stock of high-class lingerie is also on view.

The baby-linen department comprises every kind of garment, both useful and attractive, which a mother can desire; also cots, baskets, and travelling hamper, and other delectable articles.

SOUVENIRS FROM DUBLIN.

One of the charms of visiting other countries is the enrichment of our homes by the treasures which we carry away with us, and we have no doubt that nurses who visit Dublin will wish to possess one or more of the attractive Irish articles to be found at Paris House, 58 Grafton Street, near Stephen's Green. Here are to be found fascinating trifles in bog oak and Connemara marble, ornaments and jewellery, Irish lace and fans, Belleek china, a bewildering array, of which the only difficulty will be to make a selection. We advise our readers on no account to miss this opportunity of securing some distinctively Irish souvenirs of their visit to Dublin.

DISTRICT NURSING IN IRELAND.

ST. PATRICK'S NURSES' HOME.

District nursing in Ireland owes its birth to St. Patrick's Cathedral Mission, in Dublin. Two or three enthusiastic ladies, including the late Lady Plunket (then Miss Anne Guinness), conducted the Mission, which sent Bible women to the poor of Dublin; and taught and employed poor women in useful needlework. As these ladies were brought in contact with much sickness among the people to whom they ministered, the idea of adding district nurses to the charity was soon conceived; and in 1876 a home was started in the slums surrounding the Cathedral. For many years St. Patrick's Nurses' Home carried on excellent work as part of the Mission, though the rule that the nurses should not interfere with the religion of the patients was enforced from the first—so that people of all creeds gladly availed themselves of the benefit. In 1890 the Home affiliated with Queen Victoria's Jubilee Institute, and added the training of Queen's candidates to its functions. Later on better quarters were found at 101, St. Stephen's Green, which are still retained by the association. The staff consists of a superintendent (Miss Christabel Crowther), a district superintendent, and ten or twelve nurses. It is chiefly supported by voluntary contributions; and, up to the present, has never resorted to bazaars, concerts, or any sort of entertainment, to augment the funds, a position to be proud of, but difficult to maintain in these days of competitive charity. Last year 3,388 cases were nursed; and 58,545 visits paid. Since uniting with the Queen's Institute, 171 Queen's Nurses have been trained at St. Patrick's. A very flourishing Needlework Guild is attached to the Home; and a Soup Kitchen is open three days a week, from November to May, giving free soup to needy patients.

ST. LAWRENCE'S HOME.

St. Lawrence's Home, Dublin, for district nurses of the Roman Catholic faith, was founded as a direct result of the work of the Queen Victoria's Jubilee Institute, the Council of which invited Lady O'Hagan to visit Dublin and arouse interest in the scheme. The Home was first opened at 12, Mary Street, in 1891, the first Superintendent being Miss St. Clair, trained in the Nightingale School of St. Thomas' Hospital. In 1894 the work had quite outgrown the accommodation in the original quarters, and Lady O'Hagan, who had always taken great interest in the nurses and their work, generously offered her Dublin house at 34, Rutland Square, as a Hostel for the nurses. They have therefore exceptionally spacious and delightful quarters.

Miss St. Clair was followed by Miss Horan, who held the position of Superintendent for over ten years, when she resigned her office to Miss Madeline McArdle. There is now a large staff of nurses, the increase in the numbers being

partly due to an arrangement by which all the nurses working in connection with Lady Dudley's scheme go through a course of training there.

LADY DUDLEY'S SCHEME FOR THE ESTABLISHMENT OF DISTRICT NURSES IN THE POOREST PARTS OF IRELAND.

It was a generous impulse which made Lady Dudley desirous of sending trained nurses to the poorest parts of Ireland, and it was a recognition of the fact that only thoroughly trained women should be sent to outlying districts, where they are constantly placed in positions of great responsibility, which prompted the wise and just decision that only those possessing the full qualifications of a Queen's Nurse should be eligible for appointment. Unfortunately the promoters of the scheme are finding the same condition as is evident elsewhere. The supply is deteriorating. So far the scheme has been fortunate in securing resolute high principled nurses, with a knowledge of their professional work only equalled by their devotion to duty, who have faced undaunted the difficulties of the life. But the last report states that such candidates are by no means so numerous as formerly, and the Committee, in this report, appeal to Roman Catholic Nurses, and we hope not in vain, to come forward and take up this work, knowing that in the ranks of faithful workers a critical need is never unheeded.

A HISTORY OF NURSING.

The monumental work in four volumes, the two first compiled by Miss M. A. Nutting and Miss L. L. Dock—the two latter, which contain a masterly review of nursing all over the world, up-to-date, secured, arranged and edited by Miss Dock alone—should be found in every nursing school which attempts to train nurses on efficient and ethical lines. The truths to be found in this wonderful "History" are of more value to the nursing profession than a hundred average text books—and it should be the ambition of every nurse to possess it. Putnam's Sons, Bedford Street, London, and New York, are the publishers. Specimens of the complete work will be on view on THE BRITISH JOURNAL OF NURSING stand at the Nursing Exhibition, Mills Hall, Dublin, and also on the Literature Stall in the Royal College of Physicians of Ireland, where the Nursing Conference will be held from June 4th to 6th. We invite all visitors to inspect it, and have no doubt that all interested in nursing who can afford to do so will then acquire it.

THE COLONIAL NURSING ASSOCIATION.

The annual meeting of the Colonial Nursing Association will, by kind invitation, be held at the Royal Colonial Institute, on Tuesday, June 10th, at 3.30 p.m. H. R. H. Princess Henry of Batenberg will honour the meeting by her presence. The Lord Viscount G. S. L. will preside.

THE STATE REGISTRATION OF NURSES.

The progressive parties in the medical and nursing world approve the organisation of the Nursing Profession by State Registration, because by no other than legal means can an efficient standard of nursing education, or just economic conditions for nurses, be generally enforced. This reform, which has been agitated for a quarter of a century, has now very wide professional support. The Nurses' Registration Bill, which has been before Parliament for ten years, is now promoted by the Central Committee for the State Registration of Trained Nurses—composed of delegates from the British Medical Association, the Matrons' Council of Great Britain and Ireland, the Royal British Nurses' Association, the Society for the State Registration of Nurses, the Fever Nurses' Association, the Association for the State Registration of Nurses in Scotland, the Scottish Nurses' Association, and the Irish Nurses' Association.

The opposition is focussed in the Central Hospital Council for London—a society comprised of about forty gentlemen, mostly chairmen of Metropolitan Hospitals, and members of their honorary medical staffs. Nurses are not members of this Council—so that its manifestoes cannot be recognised as an expression of expert nursing opinion. Why, moreover, should a few London hospital men be permitted to dictate to the organised nurses of the United Kingdom?

We could advance very good reasons why they should *not* be permitted to do so.

An article by Mrs. Bedford Fenwick on State Registration of Nurses will be found in *The Englishwoman* for June.

As so many of the London daily papers keep the public in the dark on this important question, the article aims at placing the truth at its disposal. The intelligent type of woman who reads *The Englishwoman* can do much to help the nursing profession in its very disadvantageous fight with hospital managers, many of whom are newspaper proprietors, who have absolute control over their training, and who know nothing and care less about nursing education, or the economic condition of women generally.

It is greatly to be regretted that so many London papers exclude expert expressions of opinion, from medical men and nurses, on the registration question, and admit the banal trash contributed by anonymous members of the general public, who have made some wild suggestions during the past week.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.



A meeting of the Matrons' Council was held at 431, Oxford Street, at 3.30 p.m. on Saturday, May 24th.

In the absence of Miss Heather Bigg (President), Mrs. Bedford Fenwick (Vice-President) was in the chair.

After the routine official business, letters of regret at non-attendance were read from Miss Macintyre of Wigan, Miss Musson of Birmingham, Miss Wright of Stollhill, Glasgow, Miss Kingsford, and many others.

The following ladies were elected members:—

Miss Grace Reynolds Hale, Matron the New Hospital for Women, Euston Road.

Miss Lily Houston, Matron Holborn Infirmary, Highgate.

Mrs. J. Leavis, Matron, Scarborough Cottage Hospital and Convalescent Home.

Miss Eileen O'Kane, Matron Borough Sanatorium, Sunderland.

Miss Catherine Terry, Royal Mineral Water Hospital, Bath.

Miss Florence Warner, Matron, Cottage Hospital, Bridgend, Glamorgan.

The Hon. Secretary then proposed that Miss Goodrich, President of the International Council of Nurses, should be requested to accept the Hon. Membership of the Matrons' Council. This was unanimously agreed to.

It was agreed to appoint a delegate to represent the Matrons' Council at the annual meeting of the National Council of Women at Hull in October. It was also decided that the President be requested to represent the Council on the Executive Committee of the Central Committee for the State Registration of Trained Nurses.

After some discussion it was agreed to hold the summer meeting at the end of July in Bournemouth. It was left to Miss Forrest, of Bournemouth, and the Hon. Secretary to make the necessary arrangements.

A vote of condolence expressing the sincere sympathy of the Council with Miss Cartwright, of the Registered Nurses' Society, at the loss of her sister, Miss E. J. Cartwright, a member of the Matrons' Council since 1894, was then put from the chair, and the Hon. Secretary was instructed to convey the same to Miss Cartwright.

The beautiful new banner was on view, and Miss Cutler undertook to take it to Dublin, where it will make its first public appearance in the Pageant Procession on June 3rd.

The business meeting then terminated.

Tea was then served.

M. MOLLITT, Hon. Secretary.

APPOINTMENTS.

MATRONS.

St. Thomas' Hospital, S.E.—Miss Alicia Lloyd Still has been appointed Matron of St. Thomas' Hospital, London, and Superintendent of the Nightingale Training School for Nurses, having been invited by the authorities of the Hospital to fill these important positions. Miss Lloyd Still is a distinguished pupil of the School, and a keen educationalist. She has held the positions of Sister-in-charge of St. Thomas' Home for Paying Patients, Lady Superintendent of the Hospital for Consumption and Diseases of the Chest, Brompton, and since October 1909 that of Lady Superintendent of the Middlesex Hospital, W., where her colleagues recognise that she has done much to improve the status of the Nursing School.

Of course, the Committee of St. Thomas' Hospital invited one of its own graduates to fill the vacancy caused by Miss Hamilton's resignation. There must be something very wrong about the management of a leading London Hospital if the women trained in its Nursing School are excluded from the position of Matron.

We congratulate the nursing staff of St. Thomas' Hospital that it has a Committee which values their *esprit de corps*.

Hampton Isolation Hospital.—Miss Fanny Robinson has been appointed Matron. She has recently been sister of the scarlet fever wards at the Tolworth Isolation Hospital.

NIGHT SISTER.

The Gravesend Hospital, Kent.—Miss Isabel Brazier has been appointed Night Sister. She was trained for three years at the Central London Sick Asylum, Hendon, and has held the position of Sister at the Royal Hospital for Diseases of the Chest, E.C., Queen Mary's Hospital, Carshalton, and the Lambeth Infirmary. She is a certified midwife.

SISTER.

Isolation Hospital, Norwich.—Miss Alice Rawes has been appointed Sister. She was trained at the Bolton Infirmary, Lancs.; and has held the position of Assistant Nurse and done Matron's holiday duty at the Tindale Crescent Hospital, Bishop Auckland. She has had experience of private nursing in Blackheath, Leeds, and the South of France; and is at present working at the Kendray Hospital, Barnsley.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurses Miss Agnes R. Sibbald and Miss V. C. Paschali resign their appointments.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Annie Banks is appointed to Hugglescote, Miss Lucy Haines to Beaudesert, Miss Eunice Hitch to Godalming, Miss Ellen Lewis to Llan-

tarnam and Cwmbran, Miss Clara S. Morgan to Dulverton, Miss Mary C. Stuart to Hereford, Miss Lydia Thorpe to Central St. Pancras.

WALES.

Miss A. E. Hughes to Pembroke Dock, Miss A. B. Cooke to Pembroke Dock, Miss N. Bruckshaw to Llanidloes, Miss G. Morris to Aberystwyth, Miss E. Chambers to Llangefni, Miss M. Warren to Dinvant, Miss M. D. Jones to Holywell, Miss K. M. Broadhead Williams to Ton Pentre (temporarily), Miss M. A. Evans to Porth, Miss S. C. Rees to Merthyr Tydfil, Miss E. Dean to Haverfordwest, Miss E. Robyns Owen to Llanberis, Miss W. Kemp to Buckley, Miss J. A. Jones to Cefn, Miss E. Hadfield to Aberystwyth (temporarily).

RESIGNATIONS.

Miss S. Grace Tindall has resigned the position of Lady Superintendent to the Cama and Abbess Hospitals, Bombay, where she has spent nearly five most arduous years, and is home on holiday. Miss Tindall intends to return to India in a few months-time when her health is quite restored. As trained nurses in India owe her a great debt of gratitude, for the keen interest she has taken in the organisation of their National Association, of which she is President, they are most anxious she should be with them again as soon as possible.

Miss Thacker, who was trained at St. George's Hospital, Bombay, has been elected Lady Superintendent of the Cama Hospital.

We regret to learn that owing to ill health, Miss H. E. G. Hamilton has resigned the position of Matron of St. Thomas' Hospital, London, where of course she received her training. Miss Hamilton has also been Matron of the Victoria Hospital for Children, and of University College Hospital, London, and is a member of the Nursing Board of Queen Alexandra's Imperial Military Nursing Service.

The resignation is also reported of Miss Barton, who for some twenty-five years has been Matron of the South Western Fever Hospital, Stockwell, under the Metropolitan Asylums Board. After so long a tenure of office of so responsible a position we hope Miss Barton may enjoy the leisure which is always most appreciated by those whose working days have been onerous.

PRESENTATION.

Miss Tomlinson, Queen's District Nurse at Madron, in connection with the Cornwall County Nursing Association, who is leaving the County on account of her health, has been presented by the patients and the members of the Association at Hedmoor and Madron with a silver-backed hairbrush and comb, a set of six silver tea-spoons with sugar-tongs, a pair of beautiful Serpentine candlesticks, and an autograph album giving the names of the subscribers.

NURSING ECHOES.

At a recent meeting of the Executive Committee of National Union of Women Workers held in London, a request was received from the Irish Nurses' Association for additional representation on the National Council of Women. Since this is the only Society of Irish nurses affiliated, whereas there are nine societies of English nurses affiliated, it was agreed "that the Irish Nurses' Association be granted three representatives."

We hope the I.N.A. will take an active part in the work; there are so many social questions with which nurses are intimately connected that their expert knowledge might well be utilised more often than it is by other groups in the Union.

The Duke and Duchess of Devonshire's garden party for the Queen Victoria's Jubilee Institute Nurses has been fixed for Friday, June 13th, and invitations have been sent out to the Queen's Nurses throughout the United Kingdom, and local associations are making efforts to send their nurses to this gathering.

The Countess of Kenmare, who is chairman of the Irish Advisory Committee, Q.V.J.I., is appealing for three days' hospitality in London for Irish nurses able to attend—and she hopes many Irish residents who know of the good work of the Queen's nurses in various parts of Ireland will offer to house a nurse from the 12th to 14th June. There are at present 160 Jubilee Nurses in Ireland. Hospitals with rooms to spare are also asked to open their doors to Irish nurses. Communications can be sent either to Lady Kenmare, at 66, Cadogan Square, London, S.W., before the end of the month, or to Miss Michie, Superintendent, Irish Branch, Queen Victoria's Jubilee Institute for Nurses, 63, Dawson Street, Dublin.

Any Queen's Nurse who has not received an invitation is requested to communicate at once with the Secretary, Queen's Institute, 58, Victoria Street, London, S.W.

There is always a certain amount of excitement in the Nursing World when the vacancy for a matronship in one of the London Hospitals with a medical school attached is announced. We record this week the appointment of Miss Alicia Lloyd-Still to the position of Matron of St. Thomas' Hospital and Superintendent of the Nightingale School for Nurses, and naturally the question arises, Who will get Middlesex? There is at present an opportunity

for good work in two of the important Fever Hospitals in London, under the Metropolitan Asylums Board, which will shortly be advertised—the Eastern Hospital, Homerton, and the South-Western at Stockwell. The Medical Superintendents of both institutions, Dr. Goodall and Dr. Foord Caiger, are both men who know what good nursing means, and are most anxious that the sick in their charge shall be provided with nursing of the most efficient quality. This is no easy matter in these days, when the shortage of the best material for training is a very serious factor in hospital management, and ladies appointed to the positions named should be keenly interested in the education and training of nurses. We hope in the future, when the powers that be realise the value of the clinical material in the Metropolitan Asylum's Board Hospitals, that by a system of reciprocal training it may be more generally available than it is at present.

The President, Mr. Hewitt, of the Essex County Hospital, Colchester, has recently shown his great interest in the training and education of the nurses by bestowing on the school a Silver-gilt Medal for competition in the final examinations, and a Prize of Books for first year's probationers.

Miss Bolton has won the first Medal, which honour will no doubt be keenly competed for in succeeding examinations. It is now thirty years ago since we proposed to the committee of St. Bartholomew's Hospital that such distinctions should be instituted in its Nursing School, since which time the Bart's Gold Medal has been worn by many of its most distinguished nurses in many parts of the world, and treasured by them as their most priceless possession.

The end of war in the Balkans will make apparent the horrible suffering it entails on the poor. Starvation, disease, and misery are now rampant where ever the "murder man" has passed. In Constantinople Sister Warriner is distributing bread tickets to 800 refugees daily, and writes that the misery is heartrending. After the siege of Scutari to help and feed the poor creatures left in it is indeed a work of mercy. Let us rejoice that some of our brave Englishwomen are on the spot. Miss Durham, the well-known writer, who has lived so long in Montenegro, is doing wonderful work, and has two trained nurses to help her. Miss Irvine Robertson, trained at Bart's, is one of them. She was a sister at the Children's Hospital, Shadwell, collected £100 amongst friends,

with which she bought stores, and was away to the front. Now she has her skilful hands full, attending the sick, dressing wounds, and helping Miss Durham in every way.

We are sorry to hear that of the 3 English sisters sent to Yanina Miss MacCormac alone has escaped a breakdown; one has suffered from enteric, and another from a form of malaria which attacks so many foreigners in Greece.

There appears to have been a very serious sick list amongst the detachments of Sisters sent to the Near East during the present war. Of the band of 30 English nurses selected for work in Greece and widely distributed there in the 1897 war, not one death occurred, not one suffered from enteric, no Sister in charge of a hospital was invalidated off duty, and the majority of the nurses returned none the worse for their arduous work.

Does not this prove the necessity of careful organization and professional supervision? We think it does, and that as the British Red Cross Society has assumed the right to provide nursing in war, it is its duty to select and organize a corps of thoroughly qualified nurses, ready to go to the front with as little delay as possible. As it is, our nurses have been sent out—or gone on their own responsibility—and without adequate superintendence have had to make the best of very faulty conditions injurious alike to health and efficiency.

The Order of King Edward Nurses in South Africa, of which Miss J. C. Child has been appointed Superintendent General, was founded at a meeting representative of the four Provinces of the Union, held at Government House, Cape Town, on December 1st, 1910, the objects being the establishment of Nursing Centres where most required, in the four provinces of the Union; the provision of trained nurses in districts where the local authority desires, upon agreed terms, to have the services of a King Edward Nurse; and the training of native and coloured nurses, at Lovedale and other native institutions, for service among a coloured and native population. His Majesty the King, as well as Queen Mary and Queen Alexandra, are Patrons of the Order.

The scheme is to be on thoroughly South African lines, and it is expected that before long South Africa will be able to supply the number of trained nurses required, though at the outset it may be necessary to secure some additional nurses from Great Britain or Holland. Nurses

must possess general, or general and mid-wifery, qualifications, and be registered in South Africa.

The principal duties of the Superintendent General, whose position is one of great importance, are to exercise supervision and disciplinary control over all Nurses enrolled as King Edward Nurses, under the Rules and Regulations of the Order; to report from time to time to the Executive Committee; to keep full records of the work done by the Nurses; and to investigate all matters referred by Members of the Order.

THE NURSING OF THE INSURED SICK.

A GOVERNMENT NURSING SERVICE.

The fact that Trained Nurses were excluded from direct representation on the Advisory Committee, England, of the National Insurance Act, has of course not prevented the Nursing of the Insured Sick coming at once to the front, as one of the most important and difficult questions in connection with carrying out the provisions of the Act. Naturally the policy of this journal has been to claim the right of insured persons (if provided with nursing) to a trained and thoroughly efficient standard of nursing,—and of course we have been met, as always, with the untenable argument that the rural poor cannot expect the same standard as their urban neighbours, even if they are both compelled to pay the same price for it under the Insurance Act! The Sub-Committee on Nursing of the Association of Approved Societies has, after conferring with Nursing Associations and Societies, presented its Report to the Executive Committee, and it has been unanimously adopted. Its most important conclusion is included in the last paragraph, which states, "We are of opinion that it is the duty of the Government to provide an adequate Nursing Service, and if necessary, to make such a Treasury Grant as may be necessary to put the scheme on a sound financial basis."

This is a suggestion that a Nursing Benefit should be provided under the Act, and Trained Nurses supplied who are efficiently trained, and adequately remunerated. Let us hope the Government will amend the Insurance Act to this effect.

Great pleasure is felt in Canada at the Queen's consent to open the new hospital for consumptive children at Toronto on Tuesday, June 3rd, by means of an electrical connection between Buckingham Palace and the hospital.

SOCIAL SERVICE.

"Standing still is childish folly,
Going backwards is a crime;
Onward, ye deluded Nations,
Onward, keep the march of Time."

Onward, and upward! Words full of inspiration because they imply aspiration or high desire. This is the keynote of the social service among nurses, which is so rapidly spreading and so largely developing in all civilised countries of the present day.

The child belongs to the State. This truth—though obvious enough—has been but slowly grasped by us. Nevertheless, conviction has now tightened the grasp—hence the progress and the onwardness.

It is a far cry from Lycurgus (ninth century B.C.) to modern governments, yet it was the great Spartan law-giver who apparently first made laws for the protection of child life, and held as his great principle the responsibility of the State towards the child. But he went further than we do, for Lycurgus was a Eugenist, and would not allow any but healthy parents to marry. Pregnant women were tenderly cared for, as the procreation of healthy children was deemed by him a matter of supreme importance to the State.

Here we have in a nutshell the secret of the virile power of this ancient stoical people, and probably also of the renowned beauty and heroism of the Spartan women. So far-seeing and logical were they in their preventive treatment that it is worthy of a moment's consideration. Physical weakness was regarded as something to be ashamed of, because due to preventable causes. Lycurgus rightly believed that a healthy body was the suitable nidus for the development of a healthy mind, hence his laws respecting health were based on fundamentals. The result we know so well that Spartan strength and heroism have become proverbial. It is true that when sickly children were born they were dealt with as we deal with superfluous kittens! This treatment not squaring with Christianity is impossible of imitation. Nevertheless, if statistics were available we should probably find that infant mortality by these drastic and positive methods was much less in proportion to the population than in our *enlightened* day by our negative actions of fearful ignorance and neglect. It is inconceivable that in the year 1837, when Queen Victoria came to the throne, "there was not a single Act on the Statute Book of England framed for the welfare of children; ere she died she had set her sign-manual to over one hundred." "Until a few years ago, the right of a child to food, clothing, and such decent treatment as would make life just possible were things unknown to English law." It makes me hot with shame to think that early in last century children worked in the mines; children could be, and were,

sentenced to imprisonment, deportation, and even hanging! and little boys were sent up the chimney to serve the purpose of a broom! Surely some of the feeble-mindedness among the poor that we are continually bewailing may be traced back to the tortures of mind and body endured then.

However, we have repented of our past neglect, and are rapidly amending our ways. Since the death of Queen Victoria various other Acts for the welfare of child life have been added to the Statute Book, and the present epoch in our social history is full of promise and beneficent possibilities, although much remains to be done, for we have not reached perfectibility. To concentrate on the child is to concentrate on the potential greatness of our country.

Among the many splendid organisations now in operation designed to promote the welfare of children, the one—in my opinion—deserving the highest praise, because it is fundamentally *preventive of evil*, is that known as "Schools of Mothercraft."

Following the example of France, to whom the honour must be accorded of having initiated the movement, the first school for mothers was established, in St. Pancras District, in the year 1907. With the exception of one opened a few months earlier in Glasgow, this was the pioneer school. There are now 100 schools for mothers throughout the kingdom, or infant consultation centres, and kindred societies. The primary object of these "Schools" is, of course, to educate the mothers in the rearing of children, and so prevent infant mortality. But they do much more than that. The mothers are taught everything that is useful to them as householders. They learn to cut out and make babies' garments, hygiene and cooking, &c. The education of fathers in fathercraft is one of the most recent developments or by-products of this valuable organisation. "Conferences for fathers" have consequently been established in connection with some of these schools, where men are being taught the duties, responsibilities, and honour of fatherhood. In a word, they are being taught the true meaning of *chivalry*. The results have been excellent, and will lead, we trust, to the extermination of hooliganism, which after all is largely the result of ignorance and neglect. It is not the object of the schools for mothers to treat *sick* infants, but rather by instruction to prevent their becoming sick. It must be clearly understood that they are in no sense hospitals.

The women are usefully taught the relative value of foods and beverages, with their consequent energy value. These lessons are illustrated by clearly defined diagrams showing in brilliant colours the constituent nutrient values. The curriculum also comprises instruction in the science of buying to the best economic advantage. So we see how full of meaning and rich in value is the compendious term—*School for Mothers*. If all the pupils profit intelligently by their instruc-

tion, a happier, healthier, and more temperate and virile race is assured for the future.

Ignorance of things pertaining to the rearing of children is not the monopoly of the mothers of the poor. In the higher grades of the social scale it abounds, although its results are not so dreadful or so obvious. These mothers, too, have never learnt mothercraft. In various parts of the country there have existed for some years past institutions for training the daughters of professional men to be nursery nurses. The Norland Institute is perhaps the oldest and best known, but one of the most important is the Liverpool Nursery Training College. The fact that the demand for nurses trained in the College is greater far than the supply is an eloquent proof of its need.

The curriculum is, of course, somewhat different. The course includes:—Daily care, washing, clothing, and feeding of young children from a month to seven years of age. Nursery cookery includes the daily preparation of all food required in the nurseries. Nursery laundry includes the washing of silks, flannels, and laces. Nursery needlework includes instruction in cutting out, children's dressmaking, millinery, making and mending.

So while girls are learning to tend the children of other people they are incidentally learning the craft with which every girl should be equipped before she marries.

A very important step was taken last year when it was proposed at a meeting held at the Caxton Hall early in June to amalgamate some of the existing societies for the welfare of children in order to strengthen and consolidate the work, with the result that the National Conferences on Infantile Mortality, The National League of Physical Education and Improvement, The Association of Infant Consultations and Schools for Mothers, and the Women's National Health Association of Ireland have effected a union under the title of *The National Association for the Prevention of Infant Mortality and for the Welfare of Infancy*. The term "Infancy" applies to children under school age.

This is a very forward movement, and one cannot but rejoice that children will pass straight from the care of this body to that of school nurses and doctors. The progress that has been made in the care of the health of the children within the last six years has been phenomenal, and all of us who are interested in this vital question will look forward with the keenest interest to "An English-speaking Conference on Infant Mortality," which will be held at the Caxton Hall on August 4th and 5th.

BEATRICE KENT.

WASHING DRESS MATERIALS.

During the present spell of hot weather the mention of washing dress materials has an attractive sound to many besides trained nurses. A large selection is to be found at Messrs. Garrould's establishment, 150, Edgware Road, which will well repay inspection.

OUR FOREIGN LETTER.

MODERN-DAY NURSING ON THE FAR LABRADOR.

By FELIX J. KOCH.

Of course we had heard much of it—the famous hospital established away up among the icebergs on the coast of Labrador, for the twenty thousand odd fishermen inhabiting that coast in the summer, and how, out from it and its sister hospital, at Indian Harbour, Dr. Grenfell made his flying trips up coast and down, to visit the sick and bring the very ill on his vessel to these shelters. It was, therefore, with a feeling of much interest that we approached Battle Harbour.

There was only the one boat to take, and that a sealer, plying from St. John's, so just the respite from her decks proved welcome. At ten minutes past ten we were approaching Battle Harbour. It was a long, rough, rock-lined coast which unfolded. Mountainous hills for background, and on these what seemed glacial scratches. At one or two points one saw a house. The town was in a nook of the hills, otherwise only the palisaded mountains rose from the waves that broke on the shore. At their feet was the ice choking the beach, though we were in mid-August.

We could see the harbour farther along on the left, on our right the ocean was filled with bits of floating ice. In this *glacé* one saw two or three skiffs at anchor. Bays opened off, with great floating masses of ice. Near the shore there was rock alone, and in it queer stripings of pink

granite. We could see bergs everywhere. One huge iceberg had assumed a cone-shape. Next another circled about, this of a magnificent blue-green, with a few ridges upon the sides, and serrated as was the palace of the Ice-King in one of Andersen's fables.

It was twenty minutes to eleven when we cast anchor. The mail and the men went ashore in a dory. All of the settlement lay on the rocks at the left as we rounded in against the steep rocks; and here, too, was the goal, the two buildings of the Deep Sea Mission. Bungalows in style were

these, and on the outer wall, across the two, there ran the familiar words:—“Inasmuch as ye have done it unto the least of these My brethren ye have done it unto Me.”

On the verandah was an Eskimo boy, in hood of white, this edged with fur, where the cape fell on the back, and the coat as white to match, was on the rail.

Through the door of this hospital one saw, inside, great rows of plants—marigold, geranium and begonia—while from it we could overlook the great fish-flake to the town.

It was cold, though; the mercury stood at 60 degrees,

and one was glad to step inside.

First, however, we visited the store that served for post office. Then we were led back to the hospital and taken in to a central hallway, at right and left of which reception-rooms opened off. At one side was the sisters' "reception room," and here an organ and a table were conspicuous. An American flag was among the decorations on the wall. On the floor skins of the fox caught the eye.

Down the central hallway we came to the



A BRIGHT LITTLE PATIENT AND THE HOSPITAL.

dispensary. Then to the waiting-room, with benches to right and left. Out by a rear door, we passed into the other building of the hospital, the hospital proper it might be called. In the ladies' room, as it is known, are white iron cots, on the walls there are cards bearing Biblical inscriptions.

Two women are patients here, and a nurse, in black with apron of white, attends them.

The doctor shows us a little girl, bitten by the savage Eskimo dogs. There are many cases such as this, and so Dr. Grenfell, of Deep Sea Mission fame, is advocating the abolition of the dog in favour of the reindeer. In this case the dog had almost torn the leg off the child. It is a strange fact, the doctor says, that these dogs produce no hydrophobia, and that they do not bite in the same way as does the regular canine, for they are more wolf than dog.

This doctor is a young Scotchman, and his white flannel jersey and cap, and his Scottish accent, strike one curiously in far Labrador. He is telling of the one or two cases they have from the dogs each year, as he leads the way up the rubber-topped stairs, and we pass a graphophone on the landing of the second floor.

A very modern operating-room is located here, all of the walls covered with what seems to be white linoleum. At the centre a very up-to-date operating table is placed. In a corner there is a white enamelled bottle-rack. We go up to the men's rooms. The cots here have the red-and-white striped blankets and the walls are of wood. On them are inscriptions from Scripture.

Back again in the parlour we note, over the mantel, some mounted young seals and some gulls. Rugs of skin are on the carpet.

We are asked for our autographs. Those of Root and of Peary are already inscribed.

It is almost time for the steamer to leave, and we must return to the wharf. We bring the Kodak into play. Out on the edge of the harbour, with the sun on the water, the line of rocks about, the great fish-flake and the ice close in shore, one gets some striking pictures. It is warm and balmy now, almost hot, as one climbs the heights behind the town, to the Maroon-tower there.

One saunters about half-aimlessly, and obtains a snap-shot of the young Eskimo. There is little

to do and time hangs heavy. Then, five minutes past noon, with lovely sunlight on the water, again one embarks, and we are off for the fishing settlements that serve to give the hospital patients.

WATER UNDER THE MICROSCOPE.

Nothing amuses me so much as to see pictures of water under the microscope supposed to be ordinary drinking water, and others, by way of comparison, showing the effects of water purification. The unpurified—that is, ordinary water—is depicted as swarming with animalcules; the purified, as destitute of all living things. Now this is a thoroughly misleading idea. It is a misleading advertisement. Ordinary water contains no animalcules such as are depicted in the advertisements to which I refer. It may contain microbes; it certainly does not show animalcules, to obtain which we have to go to stagnant water in which decaying matter has been dissolved, and

such as no one would think of drinking. Ordinary water shows no sign of life under ordinary powers of the microscope. To obtain evidence of any microbes it may harbour—which microbes, it need not be said, are infinitely more minute than animalcules—it has to be subjected to certain intricate processes of germ-culture. But if ordinary water does contain microbes with which it may on occasion be

infected, it is true, the one way of ensuring safety is to pass it through a Berkefeld Filter, which, properly used, gives a water free even from the microscopic germs which cause definite diseases, typhoid fever amongst them. (*From a lecture on "Water" by the late Dr. Andrew Wilson.*)

HOLIDAYS.

Many nurses who are considering holiday arrangements, and would like to travel abroad were it not for the difficulty of arranging a tour with congenial companionship, will be glad to know that this difficulty will vanish if they put themselves in the hands of the Women's International League and Travel Society, 109, Victoria Street, London, S.W., of which the Secretary is Miss Mary Howell. Interesting tours are arranged by this League at moderate cost and inclusive fees.



THE NURSES' HOME, BATTLE HARBOUR.

SLAVES OF THE SOUDAN.

One fair bright day, away back in the early sixties, an excited little group of men, women and children were gathered together in the market place of the town of Aswân, the most southern limit of Egypt, for a new drove of slaves had just arrived from the Soudan, and the dealers, who had torn them from their homes and friends, were bartering away their precious lives for gold. As the day wore on one after the other was bidden for and handed over to new masters. When last of all four little lads looking very, very tired and oh, so much afraid, were put up and bidding began afresh, there were many there who would have been glad to have procured them when suddenly above the chatter and the clatter an Englishman's voice rang out a larger offer than had yet been made, and as none seemed able to go higher, the little lads were "knocked down" to him, and at the Aswân slave market that day was seen the strange sight of an English nobleman leading away four tiny unclad, over-driven, terrified black slave boys. What did he need of them, and whither would he take them?

* * * * *

The beautiful, many-minareted town of Assiut nestling down between the Libyan and Arabian Hills, many, many miles north of Aswân basked in glorious sunshine. Along the white dusty roads might be seen long strings of camels, weighed down under great loads of bricks or stones, while Arabs called lustily to one another, children played with quartz on the road side, and here and there a pedlar would cry his wares or eagerly press them on some good-natured passer-by; all indeed was life and animation and stir. Save for one little

spot, the American Mission Church. Here a sacred quiet prevailed, for a reverent little group had gathered together to see four little black boys received into the visible Church of Christ here upon earth, their kind guardians, the late Lord and Lady Aberdeen—who had given each little lad one of their own Scotch names—standing sponsors for them and voicing the desire of their hearts in prayer that these little lads might one day return to the Soudan as Heralds of the Cross of Christ.

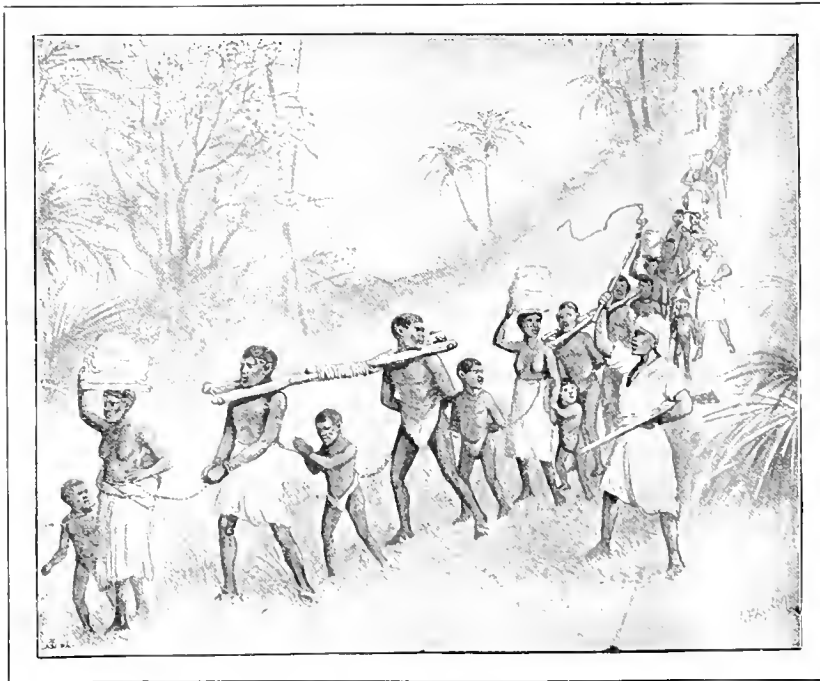
Nor did their interest end that day, for year after year they received the report of the lads' progress, sending money by which they were clothed and educated, and though three of the boys, owing doubtless to their early sufferings, which had undermined their health, died before they reached manhood, those kind guardians had the great joy of seeing the day when the fourth, having passed successfully through school, became an ordained minister, and returned to his own Soudan, there to proclaim the Gospel of a Saviour's love so beautifully illustrated in his own young life.

FRANCES L. J. BENNETT.

LEGAL POINTS FOR NURSES.

The National Union of Trained Nurses (The Nurses Social Union) has issued a most admirable pamphlet entitled "Legal Points for Nurses." It can be procured from the Central Secretary, 39, Great Smith Street, Victoria Street, S.W., price 6d., postage 3d., and will also be on sale on the Literature Stall at the Dublin Nursing Conference, where every nurse should secure a copy.

The Right Hon. Sir Edward Fry, G.C.B., who contributes the preface, points out that the complexity of life "renders the production of simple guide books through the tangles of law and life more than ever valuable."



A SLAVE CARAVAN.

NATIONAL UNION OF NURSES.

(NURSES SOCIAL UNION.)

A meeting was held recently at the Parish Room, Newton Abbot, to consider the advisability of forming a Branch of the Nurses' Social Union for Newton Abbot and the surrounding district. Mrs. Howell kindly presided, and took the chair, introducing Miss Joseph, who most carefully explained the aims and methods of the Nurses' Social Union, showing how helpful it would be to all nurses, in whatsoever branch of nursing they were engaged. She laid great stress on the opportunities it afforded for meeting others interested in various forms of social work, which was a great factor in nursing; also the help that the library and the exhibits are which the Nurses' Social Union possesses.

A discussion followed, and a few questions were asked and answered. Miss Higham proposed a resolution: "That this meeting is of the opinion that a branch be formed of the Nurses' Social Union for Newton Abbot and the surrounding district." Miss Kay seconded the resolution, which was adopted unanimously.

Miss Lee Smith proposed and Miss Bell seconded a vote of thanks to Miss Joseph; then tea was handed round.

Before the meeting closed, names for membership were given in; and a committee appointed, including Miss Bute, Miss Higham, Mrs. Dunn Taylor, and Miss Spuy—Miss Lee Smith (as Hon. Sec.), and Miss Kay (as Hon. Treasurer).

A successful meeting was held at the Queen's Nurses' Home, Cambridge, on Friday, May 23rd, to inaugurate a branch of the National Union of Trained Nurses (Nurses' Social Union) in this town. Nearly forty nurses were present, and the Union was started amidst much enthusiasm.

Miss Lendrum (the Superintendent of the Home) took the chair, and introduced Miss Thurstan (the Central Secretary), who kindly came down from London, to explain the objects of the Union. Thirty-five members were enrolled, and the committee elected.

It was unanimously decided that a monthly meeting of the Union should be held; and that a course of post-graduate lectures be arranged for. It is hoped that debates on questions of the day may follow later.

The meeting was followed by an excellent tea, which was much appreciated by everybody.

Miss Roberts (Secretary of the new Cambridge Branch), 13, Fitzwilliam Street, will be pleased to receive any further names of nurses wishing to join.

At a meeting to be held in Minehead on June 5th Miss Oates (Hon. Vice-President of the Union), who has recently returned from the Balkans, will give an account of her experience in nursing the sick and wounded.

OUTSIDE THE GATES.

WOMEN.

The National Union of Women Workers of Great Britain and Ireland has arranged to hold the Annual Meeting and National Council Meetings at Hull this year, beginning on October 6th. The subject selected for discussion is, "The Children of the Nation," and many most interesting papers are announced. Special meetings have also been arranged for mothers, girls, rescue workers, and branch and club workers.

We are glad to learn that the Legislation Committee of the N.U.W.W. has proposed the following resolution for submission to the Council:—

"That the National Council of Women of Great Britain and Ireland urges Parliament to pass a measure to open the legal profession to women."

Miss Agnes Garrett and Miss Chrystal MacMillan have been invited to represent the Union at the forthcoming meeting in Budapest of the International Women's Suffrage Alliance from June 15th to 20th, at which Mrs. Chapman Catt, the President, will preside, supported by ardent Suffragists from all over the world.

A very useful leaflet has been issued by the Union on "The Care of the Feeble Minded," by the Hon. Mrs. Gell, and can be obtained, price 1s. per hundred copies, from the Secretary N.U.W.W., Parliament Mansions, Victoria Street, London, W.

KA-ATIE QUIRKE.

I found myself alone in a country lane in Ireland. Arriving at the station I had received many directions from several persons at the same time to the distant cemetery for which I was bound. So many turns to the right, so many to the left, and if indeed I would go up a certain lane and take endless turnings on every hand, "it would be a shorter way, it would indeed." "How far?" "Well a mile and a half, yes indeed." I had started equipped for bad weather, and in the pouring rain proceeded to profit by my friends' advice. But at the first parting of the ways doubts began to arise: was it to the right or to the left I had to turn here? Was the lane before me the way that would be "shorter indeed?"

No finger-post, no creature in sight. Shortly, however, down the same lane came a little girl. She walked in a leisurely manner. Neither hat nor coat had she, and her ragged frock was no protection from the rain. Her broken boots were far too large, and one reflected that if by temperament she were inclined for haste, the boots made it impossible. Her short untidy hair fell about her face and shoulders.

Could she tell me the way to the cemetery.

Instantly interest lighted up her face, and after more elaborate directions—

"Would I be showin' ye the way, miss?"

I caught at the notion. But what was she supposed to be doing here?

"Lookin' for two asses, miss."

But ought not she to find them?

"Oh no, indeed." Apparently she was indifferent as to whether they were found or not. "But indeed it would be very tiresome when ye put two asses into one field, and they be strayin' into anither, miss."

I heartily agreed. What was her name?

"Ka-atie, Ka-atie Quirke."

Rather dull of me, but I have to ask her to spell it.

"K-a-t-i-e Q-u-i-r-k-e."

"Oh, Katie, of course!"

From that moment Ka-atie applied herself to taking my measure.

"Is yer father alive, miss?"

After a pause, "Is yer mither alive, miss? Who would be buried that ye know in the cemetery, miss?"

Satisfied on these subjects, she helped me gather some of the flowers in the line that was so muddy and so lovely. It was blue with violets, soft with moss of indescribable green. The rain seemed in keeping with it, typical of the smiles and tears of the Irish nation. Ka-atie might have been haymaking for all the heed she took of the damp. She darted up banks to inspect a stray ass or so, and sat calmly by brooks to gather clusters of primroses. Together we collected a moist armful of beauty. Between whiles I was still the object of her interest.

"They're grand spees ye have on, miss. Would they be a deal of money? Would ye be able to fasten them on yer blouse as well as yer coat, miss?"

I now thought it my turn for polite enquiries.

"Was Katie's mother alive?"

"No, miss."

"What did she die of?"

"The influenzy, miss. That's a grand bog ye have. Would that be cesin' a deal?"

On our arrival at the cemetery Katie, having possessed herself of the name, peered at the headstones in the soaking grass. "No, that's Patrick O'Reilly or Timothy Rourke."

Right on the brow of the hill was the grave we sought. Together we clipped and weeded and laid our treasure from the lanes among the moss of that peaceful resting place. She looked rather enviously at the glass cases and artificial wreaths on the other side. "It is a grand grave that," she said. Perhaps I fell a little in her estimation.

She fell in with delight with the suggestion that she should from time to time bring wild flowers to the mound we had beautified. "Sure it's next Sunday I'll be here and I'll see if the man has done what ye told him." This referred to my directions to the cemetery caretaker.

The walk home was all too short.

"Would the house that ye live in, in London, be as big as that one, miss?"

Nearing the village she forestalled my hospitable intentions. "Are ye hungry, miss?"

"Are you, Katie?"

"Yes, miss."

How she enjoyed her milk and biscuits, bless her. We exchanged visiting cards, so to speak, with merry promises to write to each other.

A curly-headed child a size smaller, "me cousin Biddy," joined us at the outskirts of the village. Together we went into the church, where the children crossed themselves devoutly and knelt to pray. Outside the door we parted, I on my solitary way, and they to the village fair.

My tardy conscience asked me, "How about the two asses?"

HENRIETTA HAWKINS.



WHERE?

A flock of winds came winging from the North,
Strong birds with fighting unions driving forth

With a resounding call:—

Where will they close their wings and cease their
cries—

Between what warming seas and conquering skies—
And fold, and fall?

ALICE MEYNELL.



A WORD FOR THE WEEK.

Just being happy
Is a fine thing to do;
Looking on the bright side
Rather than the blue;
Sad or sunny musing
Is largely in the choosing,
And just being happy
Is brave work and true.

Be strong, we are not here to play, to dream, to
drift;

We have hard work to do, and loads to lift;
Shun not the struggle, it is God's gift.



COMING EVENTS.

May 20th.—Rural Midwives Association. Tenth Annual Meeting. The Countess of Cawdor will preside. 3 Grosvenor Place, S.W. 3.30 p.m. Tea and coffee 4.30 p.m.

June 3rd.—Irish Nurses' Association: Reception of Guests to Nursing Conference, Dublin. Royal College of Surgeons of Ireland. 8.30 p.m.

June 4th.—Nursing Conference and Exhibition, Dublin, Royal College of Physicians of Ireland.

June 10th.—Annual Meeting, Colonial Nursing Association, Royal Colonial Institute, Northumberland Avenue, the Lord Amptill, G.C.S.I., presiding. 3.30 p.m.

June 13th.—Duke and Duchess of Devonshire entertain Queen's Nurses at Devonshire House, London.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

THE SHORTAGE OF PROBATIONERS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The replies of Mr. John Burns, the President of the Local Government Board, to Dr. Chapple's questions in the House of Commons on the shortage of nurses prove either his ignorance on the whole nursing question—or were not intended to be taken seriously.

To state that the present dearth of nurses was "temporary . . . and due to the National Insurance Act," and that "the deficiency is being supplied" is surely very wide of the mark. The dearth will not be "temporary" unless as Dr. Chapple suggests the State interests itself in our concerns, and does something to raise the status and dignity of the profession. I am the matron of a well ordered county hospital—we have advertised far and wide in nursing papers for probationers and I receive no answers of any sort. I have made enquiries amongst others especially friends managing special hospitals and their difficulties are the same as my own—and the deficiency is *not* being supplied. What is to be done? The sick must be nursed, and well nursed, if England is not to fall out of the rank of civilized nations. Those who oppose the organization of the nursing profession by the State deserve the condemnation of the whole community; it is only by some sort of organization that we can hope to so co-ordinate the various training schools—general and special—and encourage the class of young woman we want to enter them. Mr. Holland says "not a woman worth her salt" is deterred from entering a hospital because there is no registration—that may be because many women worth their salt know nothing of training conditions before they enter hospitals, but they do know the type of woman they meet all over the country wearing nurses' uniforms without, or with little, hospital training—and those "who are worth their salt" are not going to be associated with them. Registration would in time eliminate the unfit and disreputable, so that the lack of it does prevent the type of woman required from becoming trained nurses, even if they are not aware of the fact.

Yours truly,

A COUNTY HOSPITAL MATRON.

[We have received several letters on this subject. A lady guardian writes: "I have never known so much difficulty in procuring dependable, respectable nurses." A Superintendent Nurse writes: "My health has quite broken down with the worry of ill-trained, undisciplined subordinates . . . I am going to give up the Poor Law." A

superintendent of a well-managed, well paid private nursing institution in the South of England wants forty more nurses on her staff—she is unable to procure them. A matron writes: "Now that we are compelled to admit uneducated girls as probationers—and what nation is so ill-educated as our own—half my time is taken up drumming the very elements of theory into their unreceptive minds, all the pleasure of teaching has departed, and the practical side of their work requires more instruction, too. One gets more and more tired of it . . . because a few large metropolitan hospitals have not yet begun to feel the pinch, the evil throughout the country may presumably be ignored." A matron from one of our Dominions writes: "It is a pity so many flighty women are sent out here—they set a bad example to those in the country—they do more harm than good—they are so unused to social intercourse with military men and professional men generally, they seem to lose their heads entirely. We want a very different class." We fear Mr. Burns will find that parliamentary platitudes will have very little effect in satisfying this wide-spread discontent in the nursing world. State Organization through State Registration is imperative. We demand "classification as a testimony of fitness" in the ranks of women workers, as he demanded it through the Trades Unions for his own class in the past; and until we get it there is no doubt nursing standards will go from bad to worse, and no department be more discredited than the Local Government Board of England.—ED.]

OUR PRIZE COMPETITIONS.

June 7th.—What do you understand by summer diarrhoea in infants, and what is the cause?

June 14th.—What is Gastritis. How is it usually treated?

June 21st.—What is a Rest Cure? Describe it.

June 28th.—What are the complications to be watched for during the puerperal period?

NOTICES.

WHERE TO GET THE B.J.N.

If unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. If you ask for this Journal, do not be put off with a substitute. Copies can always be procured at the offices, 431, Oxford Street, London, W., and through Messrs. W. H. Smith & Son. In Scotland from Menzies & Co., Glasgow; and in Ireland from Fannin & Co., Dublin.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

The Midwife.

THE CENTRAL MIDWIVES BOARD.

A meeting of the Central Midwives Board was held at the Board Room, Caxton House, Westminster, on Thursday, May 22nd, Sir Francis Champneys presiding.

REPORT OF STANDING COMMITTEE.

A letter was considered from the Clerk of the Bedfordshire County Council suggesting that the Rules should be amended so as to entail an obligation on the midwife to advise medical assistance in any case in which the patient's temperature rises to above 100 deg. Fahr. in the morning on two successive days.

It was agreed that the Clerk of the Bedfordshire County Council be informed that his suggestion will be noted for consideration at the next revision of the Rules.

A letter was considered from the Medical Officer of Health for Newport, Monmouthshire, asking the opinion of the Board as to whether a register of cases kept by more than one midwife in common should be so arranged as to distinguish the records of each individual midwife.

It was agreed that the substance of the letter from the Medical Officer of Health for Newport, Monmouthshire, be communicated to the Matron of the Monmouthshire Training Centre and that she be asked if she has any observations to make thereon.

A letter was considered from the Medical Officer of Health for the County of Durham asking the opinion of the Board as to whether an uncertified person attending a woman in her confinement in company with a registered medical practitioner, and afterwards alone attending the mother for ten days without supervision from the medical practitioner, is guilty of an offence under Section 1 (2) of the Midwives Act, 1902.

It was reported that at the meeting of the Standing Committee the chairman moved "That the Medical Officer of Health for the County of Durham be informed that under the circumstances described by him the uncertified woman appears to have acted as a monthly nurse and not as a midwife."

At that Committee Sir George Fordham moved, and Lady Mabelle Egerton seconded, as an amendment, "That as the facts submitted might become the basis of a prosecution under Section 1 (2) of the Midwives Act, 1902, and be thus the subject of a decision of a Court of Law, the Board do not think it desirable that they should express any opinion upon them."

On being put to the vote the amendment was lost, and the original motion carried as a recommendation to the Board.

The amendment was again proposed at the

Board meeting and lost, two voting for it and four against. The recommendation of the Standing Committee was then carried. Sir George Fordham asked that the names of those voting might be recorded.

A letter was read from a certified midwife approved for the training of pupils, calling the attention of the Board to an arrangement made by a registered medical practitioner to attend midwifery cases with a midwife or an uncertified woman for a fee of 10s. 6d. provided he were not sent for until the case was over, his fee, if sent for, to be 21s.

The Board agreed that the certified midwife be informed that the Board has no jurisdiction over medical practitioners. We think the Board might well have advised the midwife to refer the matter to the General Medical Council, and if the Board does not take action we advise the midwife to communicate with the Council, the address of which is 209, Oxford Street, London, W.

A letter was read from the Clerk of the Hants County Council calling the attention of the Board to the system adopted by a midwife approved by the Board for training pupils in sending a pupil to act as her substitute in nursing a patient after her confinement.

It was agreed that the Clerk of the Hants County Council be informed that the Board has carefully considered the facts as stated in his letter, but it does not think that they prove that the midwife did not exercise adequate supervision nor that the pupil was acting as an uncertified midwife.

The applications of seven midwives for the removal of their names from the Roll were granted.

APPOINTMENTS.

Dr. W. H. Whitehouse was appointed an examiner for the Birmingham Centre, and Dr. Miles H. Phillips and Dr. J. H. Willett for Manchester.

The following registered medical practitioners were approved under Rule C. 1, 2:—Dr. David Jones Hughes; and Mr. W. J. Lewis, L.R.C.P., L.R.C.S., *pro hac vice*.

The following certified midwives were approved for the purpose of signing Forms III and IV:—Miss Elizabeth L. Hill, Queen's District Midwife, Rawtenstall; Miss E. M. L. Sladen, Superintendent Taunton District Nursing Association.

The Secretary presented the report of the forty-sixth Examination of Midwives by the Board, of which we have already published the names of successful candidates. The percentage of failures was a high one, 20 per cent. in candidates sent up by the training schools, and 25.4 in those privately prepared.

The Chairman stated that when candidates appear to be badly prepared the examiners are

asked to report the fact. Four pairs of examiners reported candidates as inefficiently prepared, and another reported that the candidate had such a slight knowledge of English that it was doubtful how much she had profited by her training. These reports were filed in order to ascertain whether in any particular institution the preparation was habitually at fault, but so far this had not been the case.

A tender for painting the offices was accepted, and the meeting then terminated.

POST GRADUATE WEEK AT YORK ROAD HOSPITAL.

THE OPENING DAY.

The Post Graduate Week of the Lying-in Hospital, York Road, S.E., commenced on May 26th. By kind invitation of the Matron and staff, members were entertained to tea in the garden attached to the hospital by way of opening the proceedings. Many factors combined to make this social gathering a great success. Hostesses who well understood their art, beautiful weather, the warmth of which made an *al fresco* meal a welcome surprise, dainty tables supplied with good things, the gathering together of past pupils, the renewal of old friendships, the pleasant hum of conversation, the comparing of notes about work and interests, made the hour pass quickly, and we realised that if we were to see anything of the hospital before the lecture began we must tear ourselves away from this inviting spot and devote ourselves to the more serious business. Very bright and cheerful were the wards, very proud was each mother of her charming baby, no matter did it happen to be the first or the tenth. In one ward of four beds the babies had all taken it into their naughty little heads to be born at the same time. Poor Sister! They seemed quite indifferent about their inconsiderate arrangements and were sleeping in the most selfish manner possible in sweet little white frilly cots with huge pink ribbon bows. We were permitted to see the various labour wards, fitted up with every appliance that could be needed. Only those nurses who wear uniform, however, will be permitted to enter while a case is in progress. We were particularly pleased with the screens in some of the wards, the curtains of which were of cream-coloured casement cloth. They looked so cool and clean. We visited the museum, in which most interesting specimens were on view. By this time the hour appointed for the lecture by Dr. Fairbairn had arrived, and members assembled in the hall.

LECTURE BY DR. FAIRBAIRN.

The lecturer said it was a good thing to consider the changes that had taken place in midwifery during the past twenty years, and quite recently. They were much the same as in ordinary surgery, for surgical procedure was of late years more

simplified, though much more care was bestowed upon it. Some midwives put their whole faith in antiseptics, but it should be remembered always that antiseptics were only the auxiliary of asepticism. Some students and nurses imagine that if they put their hands into lotion they can then do what they like. An antiseptic was only an additional safeguard, not the principal thing. Good midwifery meant the least possible internal manipulation. Vaginal examination should be reduced to the least possible limit. The lecturer dwelt on the danger in connection with this point, and pointed out that the placental site had all the qualifications for the growth of organisms, lochia, warmth, moisture, and darkness, and had none of the resistance of living tissue. Queen Charlotte's Hospital had drawn attention to the fact that in fifty-five per cent. of the cases when the hand had been introduced there were some morbid symptoms.

Dr. Fairbairn then dwelt upon the advantages and drawbacks of anæsthetics and sedatives. The drug that was coming into use was Pituitrin which increased the rhythmical contraction of the uterus; and was to be preferred for this reason to ergot, which was so commonly used in former days and which had a tonic effect.

The modern tendency in difficult or delayed labour was to leave things to nature, until some obvious indication arose. They were learning more and more to wait on nature, and to regard interference as bad midwifery. Very few patients suffer from being left a good time in labour. In cases of contracted pelvis there was a gradual diminution of induction labour. There were two reasons for this—one, the improved results from the application of high forceps; and the other a diminution in mortality from Cæsarian section. If only certain asepsis could be secured, he (the lecturer), would be prepared to perform the latter operation an unlimited number of times. The risk of post-partum hæmorrhage by this method was infinitely less. If it was performed just before full term, and the patient had not had internal examination, the prognosis was good; but, if when admitted after examinations, and the use of forceps outside the hospital, the risk was enormously increased. The risk under hospital precautions was about one per cent.

Dr. Fairbairn concluded his lecture with some points on eclampsia and ante-partum hæmorrhage. Of the former, he said there was great difference of opinion as to treatment. Dr. Herman considered that immediate delivery, with its consequent laceration, only showed a very small percentage of advantage; and was a great advocate of the sedative treatment. Dr. Fairbairn, on the other hand, said that in cases under his care where he had delivered at once there was a marked improvement from that time. There were two schools and a certain amount might be said for both.

At the beginning and close of his lecture, he welcomed the graduates assembled, and expressed his pleasure at seeing the old pupils.

SECOND DAY.

The second day of the course was spent in the following manner: At 11 a.m. a Clinic in the wards. In the afternoon visits to Queen Charlotte's and the Lying-In Hospital, City Road. At 5 p.m. a visit to Guy's Museum.

THE CLINIC.

On our arrival at the Hospital in the morning we were given an unexpected but most welcome cup of tea, and then started at once for the Clinic given by Dr. Smith, the House Physician. He began by speaking of Lactagol, which they had recently been trying in the Hospital. He said it certainly improved the secretion of milk, but there was a tendency for the breasts to become engorged.

He pointed out a case of induced labour, where when the full term was passed, the head did not drop into the pelvis. After two bougies had been introduced strong labour commenced immediately and lasted twelve hours. Chloral was administered and the labour concluded naturally.

He then showed two interesting cases, one of thrombosis and the other general anasarca. In the latter case the patient in her ninth month had responded rapidly to treatment. Dr. Smith pointed out that it was far safer to leave a case of Albuminuria, due to nephritis, to go to full term, than a case where it was due to pregnancy, the latter being due to toxic changes, definite chemical substances being found in the urine. Another case in which he had arranged that morning to induce labour was at the time of our visit reported to have changed in character. Up to this time the patient had been having irregular hæmorrhage of a dark colour, this with the absence of foetal heart sounds, led him to fear a dead foetus and infection. The Sister, however, had that morning heard the foetal heart, and movement had been felt. It was decided that nothing should be done for the present.

In another case of Albuminuria labour was induced, and the mother delivered with much difficulty by the high forceps. From the first the child was unresponsive, and mouth to mouth insufflation practised with apparent success for two hours, but it eventually succumbed. In the case of the mother septic symptoms showed themselves, and extensive sloughing of the vagina was discovered. The patient's temperature still persists, though the prognosis is hopeful.

Dr. Smith gave the history of two interesting cases of eclampsia, one of which died, and the other went out recovered. At this moment the bell announcing a case in the labour ward sounded, and we all went hurriedly in that direction. We had the privilege of seeing a labour conducted under the direction of Sister Olive, and indeed her pupils are to be congratulated. She most kindly showed the visitors every point of interest, and we then watched the measuring of the infant and the examination of placenta, and all the other details of a normal labour.

VISIT TO QUEEN CHARLOTTE'S HOSPITAL.

In the afternoon the party divided into two, half visiting Queen Charlotte's, and half the Lying-in Hospital, City Road. At the former we were most kindly received and shown round the hospital. The method of treatment of mothers and infants varies on the different floors. In one ward we were told that in cases of difficulty in passing urine, the mothers were allowed to sit out of bed on the stool on the same day of their confinement and in any case they did so on the third. On the same floor infants from the first are fed three hourly instead of two hourly. Many of them are vaccinated within three hours of birth.

In the labour ward was a girl of fourteen and a half years, who had just been delivered. Craniotomy had been performed, and we were permitted to see the body of the child.

THE GUYS MUSEUM.

In the evening we all met at Guy's Hospital, where Sister Olive and Dr. Smith showed and explained some of the specimens in its wonderful museum. The magnificent wax models were specially to be admired. We paid a visit to the beautiful Films and Light Department, where we were fortunate enough to see a patient under treatment for lupus in the face. The Sister most kindly explained the method to us.

The General Lying-in Hospital is much to be congratulated that it has initiated this progressive movement. We are sure that not only the midwives of the school, but those trained in other institutions, will appreciate the action of the authorities, and benefit by the opportunity given them to learn of the latest methods of treatment, and to bring their practice into conformity with the most modern ideas. When there is added to this the kindest hospitality and good fellowship, it will be realized that this knowledge is gained under exceptionally pleasant conditions.

"ALLENBURY'S" FOODS.

There are some firms which are always a stand-by and which we turn to in time of need, sure that our reliance is not misplaced. Such a firm is Messrs. Allen & Hanburys, Ltd. Lombard Street, E.C., whose Milk Foods and Malted Food are of the greatest value when the mother's milk is deficient, while the "Allenburys" Rusks (Malted) form a most useful part of a baby's dietary when the time for weaning comes.

NURSE CROSS'S BREAST PROTECTOR.

We have pleasure in drawing the attention of midwives and monthly nurses to Nurse Cross's Breast Protector and Support, a practical device for use by nursing mothers, to prevent their clothing becoming damp. It can be worn under the usual clothing, and can be used both by night and day. These Protectors, price 2s. 11d. per pair, can be obtained from Nurse Cross, 14, Portland Street, King's Lynn, Norfolk.

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EDITORIAL.

THE USE OF INSPECTION.

The President of the Local Government Board, Mr. John Burns, who accompanied the Prime Minister when he recently received a deputation from the Central Committee for State Registration of Nurses, has given various indications that he is not in sympathy with the demand of trained nurses for the legal organization of their profession.

Nevertheless, in no branch of nursing are the ill-effects of the present disorganization more apparent than in Poor Law nursing controlled by the Department over which he presides. In some Metropolitan and large provincial infirmaries a high standard of nursing is attained, but in many of the smaller institutions the standard is so deficient as to cause much unnecessary suffering to the sick poor, and this frequently, not from any ill will on the part of the nurses employed there, but because they do not receive adequate instruction in the performance of their duties, and the number of patients allotted to each nurse is so excessive, that it is quite impossible for them to receive proper nursing attentions.

We should have supposed that a Labour President of the Local Government Board would, before all things, have been desirous to see nursing systematized, so that the sick poor, for whose welfare he is responsible, should be carefully and tenderly nursed, and would recognize that the prestige of a State-recognized Service would attract to its ranks many desirable candidates. Yet Mr. Burns recently informed Dr. Chapple, in reply to a question which he asked in the House of Commons that the shortage of nurses was beyond his control and "due to the National Insurance Act, the demand for nurses in Sanatoria, and the large increase

in the number of nursing homes and similar institutions." This may be a diplomatic official reply, but it does not represent the facts of the case.

The dearth of nurses in many of the smaller infirmaries is due to the over-work and underpay of voteless women who can bring no direct pressure to bear to alter their conditions.

We print in another column a report by Miss Wamsley, one of the inspectors under the L.G.B., concerning the sick wards and nursery of the Newmarket Union Workhouse, and congratulate Miss Wamsley on this courageous and useful document. We hope Mr. Burns will realize from the report of one of his own inspectors, that it is not well with nursing under the Local Government Board, for indeed this report takes us back to the time of Bumble—52 patients on day duty, and 104 on night duty, fall to the share of one nurse including many acute and helpless cases. Sloughing bedsores are hardly to be wondered at under the circumstances, or the utilization of pauper help.

Does the President of the Local Government Board seriously think that the shortage of well educated and desirable nurses will cease while the conditions in the sick wards of not one but many workhouses are as described?

Sister Agnes Karll, reporting to the International Congress of Nurses at Cologne on the results of State Registration for Nurses in Germany, said "that a superior type of woman has turned to the nursing profession since the introduction of State regulation is doubtless explained by the greater readiness of fathers to permit their daughters to enter a calling which is dignified by State sanction."

We commend this statement to the attention of the President of the Local Government Board.

CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. KNYVETT GORDON, M.B. Cantab.

ABDOMINAL PAIN.—(Continued.)

We have seen that the first essential is to distinguish between pain that is due to some grave organic disease within the abdomen, and that which is the accompaniment of colic, or acute digestive disturbance, and that we should examine the abdominal wall for rigidity or tenderness, and take the pulse rate, and also the temperature, in every case. It sometimes happens that the abdominal wall is apparently rigid when there is nothing serious the matter, but this is not of much importance, for no harm whatever arises from sending for a surgeon for an ordinary stomach ache, while omitting to do so for appendicitis may result in a tragedy.

We will now go rather more into detail, and see whether there are any other signs which may help us in distinguishing between the various conditions enumerated in the first part of this paper. One should, however, have the dictum of Lawson Tait in one's mind: "Accurate diagnosis in the abdomen is not possible: only the ignorant assert that it is, and only fools attempt it."

In children the difficulty lies in their inability to describe the nature and seat of the pain, but this is more than counterbalanced by their equal inability to mislead one by false statements about it. Moreover, such signs as rigidity and distension are usually more marked in children than in adults.

The first thing one does, as a rule, after having taken the temperature and pulse rate is to examine the lungs, pneumonia in young subjects being almost always accompanied by abdominal pain, and not infrequently by diarrhoea and abdominal distension also. Generally speaking, abdominal pain that is associated with diarrhoea is more often "medical" than surgical in nature, and one always feels happier if the bowels are freely open. It is sometimes almost impossible to eliminate appendicitis, and if the patient is seen within the first forty-eight hours, it is often better practice in some cases to open the abdomen, even if one is not quite certain, than to wait until the advent of general peritonitis clears up the diagnosis at the expense of the patient's life.

Another disease which should be in our minds, especially in children, is enteric fever. It is only the very inexperienced who have no difficulty in detecting an attack of enteric fever in its early stages, and, in fact, appendicitis

will often simulate it very closely. There can be no doubt, incidentally, that before appendicitis was recognised as a definite disease, very many cases of that malady were thought to be enteric fever. Fortunately, the difficulty does not often present itself as an emergency at first. It may do so later on when the question of typhoid perforation of the bowel arises, but by this time there is usually no difficulty in detecting the originating illness. To suspect a perforation is practically to detect it.

The distinction, however, between the early stages of appendicitis and enteric can usually be made by the fact that in the former disease the signs and symptoms are mostly on the right side of the abdomen, and rigidity is more marked; definite resistance to the examining hand is usually present in the right iliac fossa, while a typhoid abdomen is either not tender at all, or slightly so all over. Still, the distinction is often difficult in practice.

In intussusception, which, incidentally, is more a disease of infancy than of childhood, there is collapse and vomiting; at first there may be one or two loose motions, but afterwards only blood and slime are passed per rectum, with straining. The abdomen is usually relaxed, and a sausage-shaped tumour can often be felt in the lower part of the abdomen. It is important to detect this condition, because only prompt laparotomy can save the patient's life.

In adults, the problem is more complex, because so many different conditions have to be thought of. Perhaps the first thing to eliminate is sudden obstruction of the bowel, in which case nothing, not even flatus, will have been passed per rectum, and there will be vomiting and collapse. Obviously also we must not miss a strangulated hernia, and I may say in passing that I have seen a case of this sent into hospital as typhoid fever. Then there is again appendicitis.

We next think of a perforated ulcer of the stomach or first part of the intestine, the former being most common in women, especially those who are anæmic and have previously suffered from indigestion, and the latter in middle-aged men. In either case there will be intense pain, some collapse, and rigidity in the upper part of the stomach just underneath the sternum and arch of the ribs. The pulse will almost certainly be rapid, and the patient will look ill. The great fallacy about all cases of perforation of any part of the stomach or intestines, and one which has led to more abdominal tragedies than one likes to think of, is that when, in consequence of the peritonitis which is inevitably set up by the perforation, the abdominal cavity

becomes full of pus, the patient usually feels better, and there is then often difficulty in persuading him, or the relatives, that an operation is essential. One cannot too often assert that there is in the abdomen no necessary connection in extent between pain and danger.

We then have to think of two kinds of so-called "colic" which are due to actual organic disease—namely, the pain caused by the passage of a gallstone down the bile duct (into the intestine), and of a stone in the kidney down the ureter (into the bladder) respectively.

Gallstone colic occurs almost exclusively in middle-aged people, and is very rare under 25. The pain is sudden and agonising, and is felt on the right side of the abdomen and radiates round to the back. During the attack the patient is very restless (whereas in pain due to perforation of the stomach or intestine he usually keeps very still), and generally vomits. There is often a history of previous attacks of "indigestion." In renal colic, which is very rare indeed in women of any age and is uncommon in men under thirty, the pain is felt in the abdomen on one side or the other, and radiates down into the testicle and leg. Its onset is also sudden, and it is usually, though not always, very severe. In painters and those working in lead we have also to think of lead colic, which is felt as a twisting pain in the centre of the abdomen.

In women, besides the pain of severe dysmenorrhœa, which may occur at the monthly periods, there is also the intense pain and collapse caused by rupture of a tubal gestation into the peritoneal cavity. Here there is a history of one period or more having been missed, and often of a slight uterine hæmorrhage occurring at intervals between. The pain is rapidly followed (if the rupture is into the free part of the abdominal cavity, and not into the broad ligament only) by the signs of severe internal hæmorrhage. These cases are usually fatal in a few hours unless the abdomen is opened and the bleeding arrested.

There are several other causes of abdominal pain, but I have enumerated only the important ones which it is essential for a nurse to bear in mind when she is consulted, as often happens, especially on a "District," in the first instance instead of the doctor.

Coming now to the treatment of abdominal pain, the best advice is again the time-honoured "Don't"; that is to say, don't (above all things) give an aperient. Don't allow the relatives to give stimulants. Probably the best treatment of the symptom of pain in itself is—apart from opium, which should never be given by a nurse, for the reason that it may quite

prevent the surgeon from detecting a perforation or an inflamed appendix when he arrives—an icebag, but this is often not available, and the next best thing, namely, a large hot fomentation, or a sponge wrung out of very hot water, is most useful, and usually gives relief until the doctor arrives on the scene. If, and only if, one is then quite certain that there is no perforation or sign of peritonitis, one usually does then give morphia, except in children. In gallstone and renal colic the dose often has to be very large. It is important that the nurse shall avoid giving any opinion as to the cause of the pain, though she can often render valuable service by not underrating its importance.

OUR PRIZE COMPETITION.

WHAT DO YOU UNDERSTAND BY SUMMER DIARRHŒA IN INFANTS, AND WHAT IS THE CAUSE?

We have pleasure in awarding the prize this week to Miss Amy Phipps, North Side, Clapham Common, S.W.

PRIZE PAPER.

Summer diarrhœa is a form of gastro-enteritis, chiefly the latter, either catarrhal or ulcerative in character, often preceded by enlargement of the solitary follicles.

The causes are mainly unsuitable feeding, probably assisted by the general health of the child previous to the onset of disease.

The symptoms are often insidious, and if treated carefully from the earliest stages, the prognosis is more hopeful.

The disease is most frequently met with in bottle-fed infants, or upon leaving the breast and commencing artificial feeding, and usually during the summer months, hence its name.

The symptoms include pain and fretfulness, coldness of the extremities, persistent diarrhœa, which gradually becomes of slimy consistency, grass green in colour, with a characteristic sour smell; there may also be vomiting, and later in the disease, collapse, with depressed fontanelle, small weak pulse, and periods of unconsciousness. In the latter case, the outlook is very dismal, death often occurring in a few days.

The general tone of the patient's condition is always low, with great muscular wasting, the temperature often registering 97°, or even lower. The treatment of the disease may be considered under two heads, diet regulation and warmth.

The patient should be clothed in flannel, hot bottles, protected by flannel bags, should be applied, and if necessary the extremities and

abdominal region should be encased in cotton wool, every effort being made to keep up the warmth of the body.

The evacuations from the bowels will probably be very frequent and loose, and these must be carefully noted by the nurse and reported upon; as the disease advances, and part of the peritoneum is involved, sloughs, mucus, and blood will probably be passed by the bowel.

The diet is of the greatest importance, especially where vomiting is persistent.

In many cases, milk cannot be retained at all in any form; in which instance, albumen water often proves invaluable, milk being introduced very gradually, and as it can be digested, probably starting with 1 drachm of milk to 1 oz. of water or albumen water. It is usually best to give nourishment hourly, and in very small quantity, each individual case depending, of course, on prognosis of disease. In every case all water or milk must be perfectly sterilised before use. It is sometimes found easier of digestion if the casein is removed from the milk by rennet; or ass's milk, for a time, often proves invaluable when it is procurable.

In almost every case the doctor will prescribe brandy, either by mouth or to be injected, and in case of shock, strychnine to be injected hypodermically.

The nature of the stool is very irritating, therefore the child must be changed frequently, washing each time with plenty of soap and warm water, and with as little exertion as possible. The parts around the anus may be kept smooth with a little boracic or other ointment. The nurse should be alive to the danger of intussusception occurring, from the irregularity of the peristaltic action, which is usually present, owing to the sluggish condition of the nerve centre and the nerves governing that system.

As recovery progresses, the digestion must be watched, the food at first being very light and nourishing. Throughout the attack all symptoms must be carefully watched, the pulse being the chief guide as to the general condition, and full and accurate reports made.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss H. Scott, Miss Grace Nash, Miss Irene Parkerson, Miss M. Paterson, Miss G. Roberts, Miss F. O'Brien, Miss J. G. Gilchrist.

We much regret that Miss Gilchrist's admirable paper arrived too late to compete for the prize, as it was only received at eight o'clock on Monday evening. Will competitors note

that to be in time for the competition papers must be received by the Editor not later than the first post on Monday morning?

Miss Gilchrist writes:—Summer diarrhoea, or zymotic enteritis, is a preventible disease causing a high mortality amongst infants. It is the action of poisonous products in the intestinal tract. Is essentially a filth disease, occurring where overcrowding and dirt prevail, combined with the consumption of polluted food, and indirectly from the results of want of sufficient nourishment. The disease manifests itself most actively towards the later summer months and early autumn. The mortality rate is highest after a hot, *dry* summer, a marked difference being observed when the summer season is cool and rainy, thus proving the theory of fly-borne infection and the conveyance of disease germs through the medium of dried dust and dirt of all descriptions.

It is not a sudden disease, but rather the result of gastric and intestinal disorders, the diarrhoea being the last resource of nature to eliminate the harmful putrefactive contents from the irritated and weakened intestines.

QUESTION FOR NEXT WEEK.

What is Gastritis? How is it usually treated?

THE CARE OF EPILEPTICS.

Miss T. Guinan draws attention to the following precautions which should be observed in caring for an epileptic patient:—

Treatment.—Keep under constant supervision. Attend to general health. When warning cry is heard, endeavour to prevent patient falling and hurting himself. Bowels must be kept well open; take outdoor exercise, avoid all excitement and worry. The greatest tact is necessary in dealing with an epileptic; he must take plenty of nourishing food. Meat must be taken sparingly. The patient should sleep on a low bed, in case he should fall off during a fit. Artificial teeth should never be worn at night. Climbing heights, standing near water or open fires should be avoided, in case a fit comes on. During a fit, lay patient flat with a low pillow under the head; a piece of wood should be inserted between the teeth to protect the tongue; loosen tight garments. Nothing should be given by mouth during a fit. If there is food in the mouth a piece of wood or spoon handle is inserted between the teeth, the finger is passed to the back of the throat, and every particle removed in case any is drawn into the trachea and causes choking. Bromides are the most effective medicines, but are given as directed by the doctor.

THE DUBLIN NURSING CONFERENCE.

As we go to press the Nursing Conference, convened by the Irish Nurses Association under the auspices of the National Council of Trained Nurses, to which it is affiliated, is holding its first Session in Dublin. We hope to devote a considerable amount of space in our issue of June 14th to a full report of the proceedings, which promise to be of exceptional interest, and we hope that those of our readers who require extra copies will order them early, or disappointment may await them, as experience proves that issues containing reports of professional Conferences are quickly sold out.

The Irish Nurses Association has just published its annual report, so that the latest news concerning it will be available to those interested in its organization. The I.N.A. has always taken a most honourable part in work for the organization of the profession at large.

THE TRANSACTIONS OF THE INTERNATIONAL COUNCIL OF NURSES.

The Report of the official proceedings of the International Council of Nurses at the Cologne Congress last year is now published, and will be on sale on the Literature Stall at the Dublin Conference, as well as on the stand of THE BRITISH JOURNAL OF NURSING in the Exhibition. It may also be ordered from the Treasurer, I.C.N., 431, Oxford Street, London, W., price 6d., postage 1d.

THE ASYLUM WORKERS' ASSOCIATION.

Sir John Jardine, K.C.I.E., M.P., LL.D., President of the Association, presided at the annual meeting of the Asylum Workers' Association, held at 11, Chandos Street, Cavendish Square, on Wednesday, May 28th, and moved the adoption of the report, which referred to the Asylum Officers' Superannuation Act of 1909, and stated that "there is no justification for the allegations made by irresponsible agitators that the A.W.A. is insensible to the remaining grievances of the rank and file in Asylum Service. . . . specious promises by those who have had but slight experience of the practical difficulties of legislation have lured some of our former adherents from their loyalty (Can this refer to Lord Wolmer's Bill?) and we regret to have to record for the first time for several years a falling off in our membership, which at the end

of 1912 stood at 4,310. There are, however, cheering signs of returning allegiance on the part of several Asylum constituencies." The report also contained a well-merited appreciation of the unselfish work of Dr. Shuttleworth, who resigned this position last year, but consented to carry on the duties of the office provisionally till a successor was appointed. The appointment has not yet been made.

Dr. Campbell, of Larbert District Asylum, seconded the adoption of the report, which was carried. He referred to the work of the President for the Association, and the trouble he had taken to introduce an Amending Bill to remove the anomalies of the 1909 Bill.

Dr. Drapes, of Enniscorthy Asylum, thought that one reason why the membership had fallen off in Ireland was that after the Act was passed attendants thought that, having gained a pension, they had obtained all they were likely to get, and, in Ireland, they did not like putting money down unless they thought they were going to get something on the nail.

Sir John Jardine was re-elected President, and some amendments to the rules adopted.

The following attendants and nurses were then presented by the President with medals for long and meritorious service:—

GOLD.

Mr. T. Darley, of The Retreat, York, with forty years and eight months' continuous service in one Asylum, now Chief Attendant.

Miss D. J. Johnson, of Lancaster County Asylum, with forty years and seven months' continuous service in one Asylum, now Charge Nurse.

SILVER.

Mr. A. McDonald, of Down District Asylum, with thirty-eight years and three months' continuous service in one Asylum, now Head Attendant.

Mrs. S. Neasby, of Darenth Colony, with thirty-six years and seven months' service, now Night Nurse.

BRONZE.

For over twenty-five years' service:—Mr. W. H. Leek, Head Painter Attendant, Worcester Asylum; Mr. D. McArthur, Head Attendant, Wonford House; Mr. J. G. Lamkin, Charge Night Attendant, Darenth Asylum; Mr. T. Neasby, Charge Attendant, Darenth Asylum; Mr. J. Dodkins, Ordinary Attendant, Brooke House; Mr. W. Williams, Charge Attendant, Denbigh Asylum; Mr. J. Marshall, Ordinary Attendant, Barming Heath; Miss A. A. Mingay, Workmistress, Colney Hatch; Miss H. H. Church, Head Nurse, Colney Hatch.

With this most interesting ceremony the meeting terminated, and those present adjourned for tea, hospitably provided.

THE ASSOCIATION OF APPROVED SOCIETIES.

THE NURSING OF THE INSURED SICK.

PREFATORY NOTE.

The Association of Approved Societies, to whose Executive the following report is addressed, was formed at a Meeting attended by some 250 representatives of Approved Societies, held on January 27th, 1913, as an outcome of the feeling held by most Approved Societies that it was essential that joint action should be taken on many of the difficult points confronting Approved Societies in the administration of the Insurance Act. As the birth of the Association coincided with the commencement of the payment of sickness benefit, it was natural that some of the first questions with which it was faced were those connected with the administration of sickness benefit.

Since January 15th last the minds of Approved Society Secretaries have been exercised with the problem of how to keep down the sickness experience of their Society. This, of course, may be done in two ways—either by the promotion of good health among the members of the Society, or by the checking of fraudulent or frivolous claims upon the Society's funds. Ever since the Insurance Bill was introduced into Parliament, discussion has taken place upon the question of supplementing Medical and Sickness Benefits by a scheme of trained nursing, and this discussion has recently been brought to a focus owing to its immediate bearing upon the question of Societies' Sickness experience.

One of the first steps, therefore, taken by the Association of Approved Societies was to appoint a Sub-Committee to investigate the question of the nursing of insured persons; and a report of this Sub-Committee will be found in the following pages. It may usefully be pointed out that the decision arrived at by the Sub-Committee coincides with the opinion very largely held among Approved Societies—that any scheme adopted must be a uniform one; and must be started upon a more permanent foundation than would be afforded by any local scheme adopted by one or more individual Societies. It has, in fact, been strongly urged upon the Association that the Insurance Committees should be the bodies charged with the administration of this further measure of National Health Insurance.

Another proposal for checking the sickness experience of Approved Societies is the appointment in every district of Medical Referees, to decide in cases of disputed incapacity for work. It has been variously suggested that such Medical Referees should be paid for by the Societies themselves or by the Insurance Committees, out of their surplus funds (a "surplus" which, it should be pointed out, is hypothetical, if not doubtful in many cases); but most advocates of the appointment of Medical Referees are agreed that such

Medical Referees should be employed and controlled by the Insurance Committees.

These two measures—the institution of trained nursing and the appointment of Medical Referees—could probably be initiated as part of one and the same scheme, which would be of enormous value in identifying more closely Health "Insurance" with the prevention of sickness, which is the ultimate ideal, if not the effect, of the National Insurance Act.

REPORT OF NURSING SUB-COMMITTEE.

The Nursing Sub-Committee begs to report to the Executive Committee as follows:—

We have held three meetings—one a joint meeting with the Queen Victoria Jubilee Institute for Nurses; one a meeting with representatives of the Ranyard Nurses, the National Council of Trained Nurses of Great Britain and Ireland, the National Union of Trained Nurses, the Matrons' Council, and the Queen Victoria Jubilee Institute; and one for the purpose of considering our report.

At the first meeting, the Honorary Secretary of the Queen Victoria Institute referred to a scheme which was the outcome of the Conference held on July 4th, 1912, between representatives of the various Approved Societies and Nursing Institutions. At this Conference the following Resolutions were carried unanimously:—

(1) That it is desirable that for the purposes of nursing under the National Insurance Act there should be close association between Approved Societies and duly recognised Nursing Associations.

(2) That a small Sub-Committee be appointed to consider and draw up a tentative scheme for submission to the Approved Societies and Nursing Associations for carrying out the intention of the first Resolution.

The Sub-Committee consisted of Messrs. R. W. Moffrey, W. A. Vincent, H. Kingsley Wood, Mrs. Hobhouse, Sir Archibald Williamson, Bart. M.P., and Mr. D. F. Pennant.

That Sub-Committee proposed that nursing should be given by nurses of the existing Nursing Associations in all cases of sickness (except in midwifery cases and in tuberculosis cases that are already being treated by the Insurance Committees) among insured persons who were members of Societies assenting to the scheme. The Societies on their part were to pay a capitation fee of 3d. a year in respect of each of their members, and this money was to be administered by a Committee for each County or County Borough, and on this Committee the Societies were to be entitled to representation. A circular embodying these decisions was sent to Approved Societies in August 1912, but nothing definite has yet resulted, as apparently it was felt by Societies that nothing could be done until they had the necessary experience as to their expenditure on sickness benefit.

The scheme has now been revived in a slightly modified fashion, and it is now proposed that a scheme of this nature should be started experimentally in the County of Kent. The initiative

in this movement has been taken by two of the largest Approved Societies, and a meeting of representatives of Nursing Associations in Kent was held on April 2nd, when it was resolved:—

That the Nursing Associations are prepared to consider a scheme from the Approved Societies by which their members shall be nursed by the Associations in return for a grant.

Subsequent to this meeting the Queen Victoria Institute, acting on behalf of the Kent County Nursing Association, proposed a scheme whereby the sick members of Approved Societies may be nursed by the existing District and Village Nurses in return for a capitation fee of 3d. per head in respect of the membership in Kent of the Societies adopting the scheme.

A difficulty has, however, arisen in connection with this arrangement over the form of report which the nurses are to render to the Societies. The Committee of Management of some Societies concerned consider it necessary to receive a signed report from the nurse as to the *bona fides* of each case she visits. It is probable, however, that the Nursing Associations will not wish to go much further in this direction than to render to Societies a report of the number of visits paid to the member by the nurse. We feel it necessary to draw particular attention to this difficulty which is likely to be a serious stumbling block in the way of any such arrangement. Most Societies will probably wish to enter into arrangements for nursing from a two-fold point of view:—

(1) From the point of view of reducing the duration of sickness through the ministrations of a trained nurse.

(2) From the point of view of checking malingering.

Some Societies may consider one of these the more important, and some the other, but probably all Societies will have these two points in mind, and it is in connection with the second of these points that the difficulty to which we have referred above is likely to occur.

At the meeting of the Queen Victoria Institute, and at the Joint Meeting already referred to, it was pointed out by some of our members, and substantiated by all the nurse representatives of Nursing Associations present, that the standard of nursing which could be given under the Kent scheme (which is practically the original scheme adapted to one particular county) would not be of a very high order. The village Nurses are certified midwives, and, as a rule, have only six months' training in the elements of nursing—not acquired in a hospital, but in the homes of the poor. There appears to be a strong feeling in some quarters that only fully-trained nurses should be employed in nursing insured persons.

The Queen Victoria Institute offers in its Kent scheme the services of fully-trained nurses in all towns with a population of 3,000 or over, but in rural districts it cannot guarantee to give any higher standard of nursing than that provided by

the village nurse referred to above, although such nursing is under periodical supervision and inspection. In the opinion of the Institute, the existing supply of fully-trained nurses is not sufficient to meet the demand, and at the present moment they consider it would be impossible to provide fully-trained nursing for all insured persons in all parts of the country. If it were possible to provide such trained nursing the Institute considers the cost of the scheme would apparently be very much heavier, amounting probably to a sum approximating to 9d. or 1s. per member per annum. The Nurse representatives expressed the opinion that if adequate salaries were offered the necessary supply would soon be forthcoming.

It was pointed out at the second Conference that Nursing Associations, just as much as the Medical profession, resent any suggestion of outside control, and this, in conjunction with the difficulty as to the report on sick cases, seems to us to put a very grave obstacle in the way of any scheme of nursing of insured persons being partly managed by an Approved Society unless the nurses are in the direct service of such Society.

We therefore beg to recommend the Executive Committee as follows:—

(1) That the Kent scheme, or any similar scheme, being of a purely experimental nature, should be left to the sympathetic consideration of individual Societies. Such an experiment will provide data upon which to base future arrangements. We would, however, make the reservation that Societies should bear in mind that in such a scheme, although their urban members would receive the services of a fully qualified nurse, their rural members would in many cases be attended by nurses who are not trained nurses in the accepted sense of the word.

(2) That some scheme of universal nursing ("Nursing Benefit") would be of inestimable value to the health of the country, and hence to the finances of Approved Societies. We consider it fully proved that trained nursing undoubtedly operates to reduce the frequency and duration of sickness.

As we have stated above, we consider it impracticable that any universal scheme for the nursing of insured persons could adequately be conducted by the Approved Societies themselves, and we therefore recommend that urgent representation be made by Approved Societies to the Government that a scheme for "Nursing Benefit" be introduced into the Insurance Act Amendment Bill, and that an adequate Nursing Service should be provided for all insured persons by the Insurance Committee in the same way that Medical Benefit is at present provided. Such a scheme would appear to be practicable, and it may be pointed out that several Insurance Committees have already taken tentative steps in this direction. The scheme which the Bradford Insurance Committee had prepared for providing medical benefit failing an adequate panel in that city, included the provision of several fully-trained Nurses, and we understand that other Insurance Committees have

also taken steps in this direction. We are of opinion that it is the duty of the Government to provide an adequate Nursing Service, and, if necessary, to make such a Treasury Grant as may be necessary to put the scheme on a sound financial basis.

NURSING SUB-COMMITTEE.

Mr. Charles Bathurst, M.P. (*Chairman*), Mrs. Bedford Fenwick, Miss A. M. Florence, Mr. A. W. Barrand, Mr. Alban Gordon (*Hon. Secretary*).

NURSING IN WORKHOUSES.

Appended is the report of Miss L. M. Wamsley, one of the inspectors of the Local Government Board, on the sick wards and nursery of the Newmarket Union Workhouse, after a visit on May 2nd, 1913. We refer to it in our editorial columns:—

MISS WAMSLEY'S REPORT.

I visited this infirmary on May 2nd, 1913.

The number of certified beds is 111. The number now given in the wards was given to me as: Male 55, female 56, cots 3; maternity 4, cots 3; total 121.

The number occupied is: Male 47, female 49, cots 4; maternity 2, cots 2; total 104.

The sick wards.—On the day of my visit there were 33 bed-fast patients, 3 of whom were in a dying condition. A male inmate sits in the men's ward at night. There were four mental cases, and one patient dying from cancer, as well as incontinent cases in three wards.

On the female side the following cases were noted: One acutely septic maternity case on the balcony, with baby very ill; one woman dying of cancer; one dying baby; one case of deep sloughing bedsore needing hourly attention; one old woman with severe contraction of limbs, bed-sores and bronchitis; one case of paralysis, with heel sore; one case of acute epilepsy in a padded bed; one lunatic girl in a padded bed in side ward; three certified lunatics from the House sleeping in the sick wards "for safety"; four babies bottle fed; eight incontinent cases; one upstairs ward filled with blind and paralysed patients too helpless for the House.

The scrubbing and cleaning is done by inmates, who need much more supervision than the present staff is able to devote to the work.

The spring mattresses were invariably dusty and the bedside chairs offensive.

There was evidence of methodical work on the part of the Matron and nurses, but nursing, in any proper sense of the word, is not possible with this inadequate staff.

When the nurse leaves on the 6th inst. one night nurse will, I was informed, be responsible for 104 patients, and the proportion of patients to nurses on day duty is now 52.

I consider that an immediate increase of staff is urgently necessary. I would suggest the appoint-

ment of two fully-trained charge nurses for alternate day and night duty and three assistant nurses.

The Nurses' Home.—The nurses' rations do not contain a supply of fruit.

The Nursery.—The conditions for the twelve babies under three are entirely unsatisfactory. The Matron and her assistant do their best to supervise the inmates who look after the children. The babies receive no attention at night, and are constantly found sleeping in bed with their mothers. All bottle-fed babies are transferred to the infirmary, thus adding to the pressure of work in the sick wards.

The nursery, though unsuitable for children, was clean, having lately been colour-washed.

The courtyard where the babies play is now being levelled with ashes, and the children have no other place to get fresh air.

The arrangements for the boys and girls of school age are most undesirable, but I was informed that they will shortly be provided for outside the House.

LEAGUE NEWS.

THE ROYAL SOUTH HANTS HOSPITAL NURSES' LEAGUE.

Miss Mollett, founder of the Royal South Hants Hospital Nurses' League, of which she has been President since 1902, has resigned that office; and Miss E. B. Harradine (the present Matron of the Royal South Hants and Southampton Hospital) has been elected to succeed her. As Miss Mollett has now retired from active nursing service, she is of opinion that the change of Presidents will make for the best interests of the League; but we feel sure her resignation will be received with sincere regret—and it will be the earnest hope of every member of the League that she will continue to take an active interest in its work and welfare.

Miss Harradine was trained at Guy's Hospital—at which hospital, the nurses have a most active League—so that she will no doubt carry on the good work at Southampton in the most acceptable manner.

Nothing can keep up the tone of a training school without the encouragement of *esprit de corps*, and the formation of Nurses' Leagues inculcate this desirable spirit.

WEDDING BELLS.

The engagement is announced of Miss F. Haslam, who has just resigned the Matronship of the Women's Hospital, Castlegate, Nottingham, to Mr. James Watson, M.B., C.M. Glas., M.R.C.S. Eng. Miss Haslam won golden opinions during the short time she held the position of Matron; and Mr. Watson, who is Assistant Hon. Surgeon to the Women's Hospital, is very popular.

APPOINTMENTS.

MATRON AND SUPERINTENDENT NURSE.

Yarnfield Hospital, near Stone, Staffs.—Miss Kate Boyes has been appointed Matron and Superintendent-Nurse. She was trained at the City Fever Hospital, Liverpool, and the General Hospital, Wolverhampton, and holds the certificate of the Incorporated Society of Trained Massenses, and has worked at Sunderland, Skipton, Bolton, and Ipswich.

SISTER.

Bethnal Green Infirmary, Cambridge Road, N.E.—Miss Maud Mary Parser has been appointed Sister. She was trained at the Bethnal Green Infirmary and has been Staff Nurse in the Infirmary. —Miss Daisy Ellen Pope has been appointed Sister. She was trained at the Camberwell Infirmary, where she has held the position of Staff Nurse.

Grantham Hospital, Lincolnshire.—Miss E. Iddon has been appointed Sister. She was trained at the Stanley Hospital, Liverpool.

HEALTH VISITOR.

Borough of Lancaster.—Miss Shirley J. Allnutt has been appointed Health Visitor for the Borough of Lancaster. She was trained at Chambers' Sanitary Training College, and has been Voluntary Assistant Sanitary Inspector and Health Visitor at Woolwich.

Mansfield Woodhouse Urban District Council.—Miss Mary Bull has been appointed Lady Health Visitor. She was trained at the General Hospital, Nottingham; and has had experience in private and district nursing.

TERRITORIAL FORCE NURSING SERVICE.

In connection with the Territorial Force Nursing Service the following promotions have been made in Northern Command orders:—Miss Esther Florence Corser Brown, Matron, to be Principal Matron, vice Miss Lucy Wamsley, resigned; Miss Sarah Williams, Sister, to be Matron, vice Miss E. F. C. Brown, promoted to Principal Matron, and both ladies are attached to the 1st Northern General Hospital, R.A.M.C. Miss Elizabeth S. Innes, Matron, to be Principal Matron, vice Miss E. Fisher, resigned; Miss Ruth Marsh, Sister, to be Matron, vice Miss E. S. Innes, promoted to Principal Matron, and are attached to the 2nd Northern General Hospital R.A.M.C. Miss C. Elizabeth Vincent, to be Principal Matron, vice Miss G. A. Rogers, resigned, and attached to the 5th Northern General Hospital R.A.M.C.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Fanny Bensted is appointed to Sunderland; Miss Annie Booth, to Horbury; Miss Rachel Dixon, to Stewarts & Lloyds, Ltd. (Halesowen); Miss Caroline Laycock, to Three Towns; Miss Mary A. Rigby, to Leeds (Hunslet); Miss Gwendoline Wellard, to Clitheroe.

NATIONAL UNION OF NURSES.

The Weston-super-Mare branch of the National Union of Trained Nurses (Nurses' Social Union) held a meeting on Tuesday, May 20th, at the Club Room. Mrs. Gibbs, the local organiser, took the chair, and called attention to the changed name of the Society. She also most kindly said that she would be at home to members of the Union on the first Saturday of the month, and then introduced Dr. Vickery, who gave a most interesting Address on Surgery Past and Present; or the Changing Fashions in Surgery, with a special reference to Lister. Mrs. Portsmouth Fry proposed a vote of thanks to Dr. Vickery, and tea ended a very pleasant afternoon.

PRESENTATIONS.

A very pleasant ceremony took place last week at the General Hospital, Bristol, when Miss Sophia Bailey (Sister Thomas), who has been connected with the hospital since 1885, and Miss Elizabeth Beck (Sister Fry), since 1887, who are resigning their positions, were presented by Mr. Herbert M. Baker, chairman of the committee, with substantial tokens of good will. Besides Miss Densham, the Matron, Miss Coles, Assistant Matron, Mr. Duncan Wood, Senior House Surgeon, the Vice-Chairman, members of the committee and many friends were present.

The Chairman said that when the resignations were announced it was felt that in addition to anything the authorities might wish to do in their official capacity, it would be the desire of everybody to show their respect and affection for the Sisters.

He then presented to Sister Bailey, on behalf of the subscribers, including a large number of patients, an address, a silver teapot, and a cheque for £119 17s., and to Sister Beck an address, a silver teapot, and a cheque for £105 2s.

Mrs. Thwaites, formerly Matron, on behalf of past members of the nursing staff, presented cheques, and Miss Densham, Matron, handsome gifts on behalf of the Sisters, nurses, private nurses, and nurses in training.

THE PASSING BELL.

The death of Miss Brew, for so many years Matron of the London Homœopathic Hospital, Great Ormond Street, W.C., will cause widespread sorrow amongst many generations of nurses who owe much to her careful training and that of the Sisters whom she first trained and then associated with her in her work. Thoroughness in small things, fidelity in great things, and that infinite capacity for taking pains so near akin to genius, were characteristic of the nursing school under her control. The funeral took place at Holt, Norfolk, on Monday, and was attended by most of the Sisters in the hospital. A memorial service was also held at the church of St. George the Martyr, Bloomsbury. Amongst those present were Sister Campion and Sister Treasure, of the Registered Nurses' Society, who were trained at the hospital.

NURSING ECHOES.

It is the custom of this journal to include the latest nursing news up to the moment of going to press. As however the Editor and Sub-Editor have both had to leave town early this week for the Dublin Nursing Conference, our readers will understand the reason should any late item of news be omitted, and will look forward to the Conference Number on June 14th.

Our exchanges on the other side of the world are still sending kind messages congratulating THE BRITISH JOURNAL OF NURSING on its Silver Jubilee, for which many thanks, especially to its old colleague, *The Pacific Coast Journal of Nursing*. We note the editor, Miss Geneviève Cooke, of San Francisco, is nominated this year for the Presidency of the American Nurses' Association. We hope she comes out top.

The Ranyard Nurses, the Nursing Branch of the London Biblewomen and Nurses' Mission, founded in 1868 by the late Mrs. Ranyard, are doing excellent work in many districts of London and the suburbs. The Central Office and Hostel is at 25, Russell Square, but each nurse lives in the centre of her own district, thus learning to know her patients, and gaining an influence over them which does not pass away when the illness is over.

The visits of the Superintending Sister, and the presence of a local referee, prevent her from feeling isolated.

Although founded so long ago, the Society has progressed with the times, and now requires a certificate of three years' training of its nurses, many of whom are also certified midwives, although not permitted to do midwifery as Ranyard Nurses. They also receive six months' district training. During the last year eleven new districts have been opened, and none definitely closed. Three centres for the treatment of minor ailments in school children have been undertaken by Ranyard nurses, and one has been appointed to the newly opened Tuberculin Dispensary in the Borough of Deptford, the first Municipal Dispensary of the kind in London. Eighteen nurses have joined the staff during the year, and nine have left. The Sisters, nurses, and probationers together number seventy. All the nurses have a fortnight's eye work, at the Royal London Ophthalmic Hospital, before being placed on a district; ten have availed themselves of the course of lectures on tuberculosis work at the

City Road Chest Hospital, and some are taking a period of practical work, with an examination at the end.

Messrs. Lamport & Holt, of Liverpool, the owners of the *Veronese*, which was wrecked near Oporto, have written an appreciative letter of thanks to Miss Helen A. Lawrence, the English Nurse who rendered such good service to the sufferers, asking her acceptance of a gold watch bracelet, on which an inscription is engraved commemorating her services.

Sir Arthur Downes, Inspector under the Local Government Board, speaking last week in the Town Hall, Liverpool, at the annual meeting of the Liverpool Council of Voluntary Aid, said we were running a considerable risk of becoming an institutionalised nation. Recent legislation was introducing new factors into this question. The position of nursing under the Insurance Act was one of great difficulty and very great importance. There was a danger that presently some of the great societies might find that there was a tendency on the part of people to fall ill too easily and a reluctance to get well quite soon enough. The big societies would have to protect themselves and the interests of their contributors, and there had been a suggestion that a type of official nurse might do something to check this tendency of malingering. He would be very sorry to see the day when professional nursing was utilised for the services of detection, to be, in fact, official or spy nurses. It would be contrary to all the traditions and proper functions of the nursing profession, and it would be a source of enormous friction both with the insured person and the medical profession, because to have a nurse reporting to an approved society behind the back of the doctor was a condition of things which one could hardly contemplate.

Mr. E. D. Court, Local Government Board Inspector, addressing the Penzance Board of Guardians recently, said he was not going to say a great deal about the nursing question, not because he did not want to, or because there was not great need for it, but because it seemed absolutely hopeless. He suggested that the services of a trained nurse were worth more than those of the imbecile attendant, but the Guardians were advertising for one at the same rate. Also that a much larger question was the need of an increase in the nursing staff, and he must impress upon them that they were running their institution with an inadequate night staff.

We thank the reader who draws our attention to the following advertisement:—

VICTORIA COTTAGE HOSPITAL.

NURSE-MATRON REQUIRED, to manage small Hospital (4 beds), with help of a Domestic, on 18th June. Commencing salary £20, with residence, laundry, and £3 towards uniforms.

Applications, giving age, nursing certificates, and housekeeping experience, and with copies of testimonials (not returnable) to reach me by 20th instant.

CHARLES ROBINSON,
Hon. Secretary.

Watton, Norfolk,
May 13th, 1913.

We wonder many things. Not only about the "nurse-matron," but about the patients. What type of woman will offer herself as "nurse-matron," that is, with two professions at her finger tips for £20 a year!?

What happens to the patients in the night, also when the "nurse-matron" is off duty? Does the "Domestic" take in accidents? If so, How? Who is the Chairman of this dangerously understaffed hospital? Another "formidable menace" for Mr. Sydney Holland's list. His signature should be secured without delay.

Lord Balfour of Burleigh recently opened a new Nursing Home in Edinburgh for patients of limited means, willing to pay a moderate sum but who cannot afford the charges of an ordinary nursing home. Lord Balfour said that the class for whom it was intended to provide was one which was often overlooked, and which had to bear a great many of the burdens of the State in almost undue proportion, and which did not receive the sympathy, attention, or credit it deserved. He hoped the Home would be of great benefit to those who secured its advantages. A writer in the *Glasgow Herald*, referring to the scheme, subsequently, expressed the hope that Glasgow would not be far behind Edinburgh in such a philanthropic object.

Lord Provost Maitland last week presided at the annual prize-giving, and Mrs. G. M. Cook presented the prizes to the nurses at the Royal Infirmary, Aberdeen who had won them, in the presence of a large company of friends and well-wishers. The prizes were awarded for proficiency in the last year's courses of training. The Matron, Miss Edmondson, reported that there had been two final examinations during the past year, and on both occasions the examiners expressed satisfaction with the knowledge and efficiency of the nurses.

Dr. Purefoy, President of the Royal College of Surgeons, Ireland, occupied the chair at the annual general meeting of the King Edward Coronation Fund for Nurses, Dublin, and, in moving the adoption of the report, presented by Miss Boland, enlarged upon the debt owed to nurses by members of the medical profession. Miss B. Kelly and Miss A. M. MacDonnell, R.R.C., were elected members of the Council under rule 17, and the following ladies were elected by ballot as representatives of the nurses on the Council for the ensuing year:—Miss McGivney, Lady Superintendent Mater Misericordiae Hospital; Miss Powell, late Lady Superintendent Charlemont Hospital; Miss Colvin, Lady Superintendent Mageough Home; Miss Reed, Ivanhoe, Lansdowne Road; Miss Corless, Archbishop's House, Drumcondra.

At the Royal Victoria Hospital, Belfast—where Saturday last was Hospital Saturday, and we hope a great success—a system is in force whereby the part of each nurse concerned in the preparation for an operation is so nicely adjusted that no one can shift responsibility for a mistake on to another, and it is claimed that this system of placing responsibility ensures efficiency. Nurses in this up-to-date hospital get excellent experience in the operating theatres—of which there are a large number.

Miss Helen B. Calder, secretary of the Women's Board of Missions, Boston, U.S.A., writes in the *American Journal of Nursing*:—

The war with the Balkan States has drained heavily on Turkish resources of men and money. The inevitable result will be great poverty and physical suffering which open wide doors for medical missionary service. Moslems can be reached through hospital work who could not be touched by any other missionary influence. The hospital records are full of incidents which emphasise this fact.

A great crisis immediately confronts us in the Moslem world. As the political power of the Mohamudans is waning, as the Turks are facing defeat and are embittered by the most un-Christlike denunciations or indifference of Christian nations, they are in dire need of true friends. If, in this moment of weakness and need, we can come to them with our message of Christlike love and true neighbourliness, through schools, hospitals, and evangelistic work, we can win for Christ their intense missionary zeal so that they will unite with us in our efforts to win the world for Him.

Medical Mission work has always been a great power for good, as may be expected, as it follows closely on the methods adopted by its Divine Founder.

A TUBERCULOSIS EXHIBITION.

With the object of educating the public, especially working men and women, with regard to the methods of avoiding consumption, the Camberwell Dispensary for the Prevention of Consumption has inaugurated a tuberculosis exhibition at Cambridge House, Camberwell Road, the opening ceremony being performed by the Mayor (Alderman W. L. Downton) last week.

BENGER'S FOOD.

Those nurses who have once proved the utility of Benger's Food, supplied by Benger's Food, Ltd., Otter Works, Manchester, would not willingly be without it in a house where the feeding of infants, invalids, or the aged is in their hands. It is a most useful article of dietary, and is a pleasant change much appreciated by invalids whose diet is restricted. It is nutritious, easily prepared, and a cupful at bedtime often predisposes to sleep.

USEFUL SURGICAL APPLIANCES.

A firm whose name is synonymous with excellence is that of Messrs. Down Bros., of 21, St. Thomas' Street, Borough, and a visit to this establishment is always productive of much interest. Amongst their more recent appliances we note the "Sphere" Hypodermic Syringe for the pocket. It has space for tabloids and for a formalin chamber; and close inspection will reveal it to be a most practical and up-to-date instrument.

OUR FOREIGN LETTER.

MY SPRING HOLIDAY.

I have been reading lately about the cold east winds in England, and noticed how little sunshine you have had, and as I read I could not help wishing I could transplant you all out here for a time, into the glorious sunshine of Palestine, especially those to whom the English spring is such a trying season. Will it make you very envious if I describe a little trip I took lately? I will risk it; it may perhaps induce my readers to take the same holiday next spring, for to see Palestine in March and April is to behold a vision of loveliness which it is quite impossible to forget, the very memory of it is a treasure. I had a great longing to see Tiberias, and so, with two friends, started by steamer to Haifa about four o'clock one lovely afternoon.

We coasted along the shore, which looked much the same all the way—yellow sandhills, and above them a low green range. In the distance the town of Caesarea could be seen, the stones of its ruins are much used in the building of other towns now. We also passed Tantura, the ancient Dor, mentioned in Joshua xvii., verse 11, and in Judges i., verse 7. It is only a small village now.

Then came the long ridge of Carmel, with its lighthouse on the Haifa end, and the monastery on the hill of sacrifice on the other.

We arrived at Haifa at about ten o'clock. It was a lovely moonlight night, which made our disembarking much pleasanter and easier than is often the case at this port. The ship anchored some little way from the shore, and we were taken to land in small boats. One of our party had forgotten her passport, and one of the Customs officers was about to make a huge fuss, so I dropped a couple of bishliks in his hand and he said, "*Taiyeeb sittee*" (all right, my lady), and let us pass on our way. Haifa is built on a strip of land between the shore and the mountains, and as the moon was full we had a good view of the white houses, which stood out with startling clearness. It was too late to do any sight seeing that night, so we retired to rest as soon as we arrived at the hotel.

Next morning we arose at an early hour, for the earliest hours of the day are the sweetest in Syria, and our time was very limited, so we just took a drive through the German Colony, which is in a very flourishing condition. The houses are well built, and the gardens attached to them very pretty, with many gay-coloured flowers. Everywhere was an air of thrift, industry and prosperity. The Germans have done much for Haifa from a commercial point of view.

As we drove along a Greek funeral passed us. The coffin was covered with the favourite shade of pink material with real flowers pinned here and there all over it. It was carried high above the heads of the bearers, who relieved each other of their heavy burden from time to time, chanting as they went a weird and mournful dirge.

The view from the east of the town is very lovely, with Mount Carmel as a background, the palm-trees skirting the shore, and the hazy blue of the hills the other side of the Bay of Acre. As we drove along the road to Nazareth we passed through the plain of Esdraelon such flowers we saw. The whole of the plain was just like a gorgeous Persian carpet for diversity of *shades* of colouring, and it seemed almost a sacrilege to drive over it, for it was all daisies and phlox and pink mallows, lemon-scabious, which is, by the way, the Palestine primrose, and oh, so many other exquisite flowers. On we drove, with the sweet fragrance of the little carpet-weavers all around us. It was delightful to see so many trees, and the shade afforded by the fine oak trees in a thickly-wooded part of the country we passed through was indeed refreshing in the hot sun. We passed a great many mulberry trees, olive groves, and hedges of the prickly pear, and in some places, of mimosa, everything looking beautiful, and speaking of spring.

After driving for about six hours we arrived at Nazareth, the lovely green of which gave me the sort of feeling I have on arriving at Newhaven after being away in a land where grass is more often brown than green. It was all so fresh and dewy and sweet.

The town lies in a basin. It is built on the slopes of fifteen little hills. On the top of one of these heights the F.E.S. Orphanage is built. It is a fine building and a most well-ordered institution, where young Syrian girls are educated and trained, some to be teachers for the Church Missionary Society Schools, and some to be servants, and the very *first* thing each child is taught is to speak and walk *quietly* and not to *scream* and yell in Arab fashion. It is a steep climb to the Orphanage, and when at last we reached the gate we had 100 steps to mount to get to the hall door. Behind this building where the garden lies, one has a lovely view of the surrounding country.

We were charmed with our visit, the ladies at the Orphanage are deserving of the very highest praise, they are doing a splendid work there. We paid a visit to the Greek Church, which is built over the one spring of which the town can boast, the opening to the well is just below the altar, a vessel was let down and filled for us to taste the water, which was deliciously cool and refreshing.

At Mary's Well, at Nazareth one may always see groups of women, either going to or returning from the well, carrying their waterpots on their heads. It is wonderful how they balance them, they looked very picturesque in their bright coloured clothes, and most of the women, I noticed, have beautiful eyes. In spite of all one's disillusioners in visiting the "holy sites" in Nazareth, the "Carpenter's Shop," the Church of the Annunciation, the "house of the Virgin," &c., there is something about the place that fills one with reverence, whatever the ordinary tourist may tell you to the contrary, for was it not here that our Blessed Lord, the founder of the greatest and purest of all religions, spent the first thirty years of His life, and how often His eyes must have rested in deep thought on these same green meadows and purple slopes! And when tired of visiting the *factitious* sites, the best thing to do before leaving this town is to call at the English Hospital; there at least one's soul is refreshed by what is real and pure and lasting, the noble and unselfish work that is being carried on there.

FROM NAZARETH TO TIBERIAS.

This journey took us about six-and-a-half hours; I think it sometimes takes longer, but our horses were good and the weather perfect, so we had no unnecessary delay anywhere. The road wound round the hills now covered with greenest grass and lovely flowers. We passed Gath Hopher, the birthplace of Jonah, which is but a small mud village on a low hill with a good deal of cactus hedge about it. Further on we came to the little town of Kefr Kenna, thought by some to be Cana of Galilee; here again is an old well and women and children as usual were filling their pots with water. These women, as at Nazareth, wear a short jacket without sleeves over their other garments and very loose blue trousers reaching to the feet. Fields of barley and other grain inter-

persed with ploughed land of deep rich colour met the eye on all sides for a good part of our journey.

At last we caught our first view of the blue waters of Galilee, and the white houses of Tiberias standing out clear against the water. I shall *never* forget that first peep of the deep indigo blue of the Lake, a vision of beauty, and oh the colouring of the hills around it! Simply exquisite! There are ruins of the old walls round the town and a few palm trees among the low white houses. We put up at the Hotel Tiberias, which is close to the sea with an open space near it, and this seems to be the general rendezvous for man and beast, Arabs sitting together on the ground chatting; a Bedouin shepherd with his sheep, Jews walking up and down in their long coloured robes, and no end of little imps of children. The population numbers, I think, 8,000, principally Jews, the Moslems being only about 400. We paid a visit to the Scotch Hospital there where the greatest courtesy and kindness were shown us. No praise is too high for this hospital nor for the splendid and untiring devotion of the staff, everything about it seemed perfect.

We took a boat and went round the north end of the lake, which was very calm and the colouring exquisite. We landed first at Bethsaida, where we saw no traces of the former city. The ground is low and covered with bushes and flowers, particularly white vetch. We threaded our way by a narrow foot-path, and presently arrived at a rocky winding road round the hill which led us to a house where a Latin monk lives. He was out, but we went in and sat on the balcony for lunch and his servant made us tea. The house is close to the sea with a sweet little garden in front full of roses and climbing plants, it seems to be a sort of simple hospice. Lovely pink oleanders in great quantities were growing wild by the water's edge.

After lunch we went on in our boat to the Jordan. The ground where it enters the sea is very low, but just now covered with grass and flowers. The shore at the Jordan is covered with the loveliest little white shells. We then went to Capernaum, where two Italian monks live in another small Hospice. Their garden was full of larkspur of all colours, and carnations and lupins. So English and sweet it looked. One of the priests walked with us through the garden which encloses the ancient ruins of the place—large pieces of stone, a little carving, the lintel of a door and remains of pillars. The monk only spoke Italian, so our conversation was rather limited. This Hospice was a very simple little place, one of the rooms serving for both bedroom and chapel.

On our return journey we made tea in our boat on the lake. We gave each of the boatmen a cup; they told us they liked much the English "shy" (tea). Before leaving Tiberias we drove to the sulphur baths, from which steam is always issuing. A dirty crowd of Jews were squatting

outside waiting to make the "cure" which is supposed to be very good for skin trouble and for rheumatism. Needless to say we made no trial of these baths, but took their merits on trust.

How desolate this once busy lake and city! This sea, once so full of life, with many a sailing vessel and fishing boat; along its shores stood once many a thriving town—now, those shores are deserted and one could follow the coast for miles without detecting a sign of life. Often the traveller describes this place as "not worth the visiting," but to those who are working in this land for the sake of the Great and Divine Healer, who from this very spot healed and comforted so many suffering souls, and on this very lake *taught* them, how precious then is a visit to Galilee!

Then we returned to Nazareth, where we rested a few hours, and early the following morning started for Haifa. We decided to stay there over Sunday, as we thought a quiet day on Mount Carmel would be a source of great refreshment and rest after our many long drives in our ramshackle carriage. So we put up at the German Hotel there, in which we found "everything good" excepting our pillows, which were so stiff and hard we felt next morning as if we were suffering from torticollis; however, that inconvenience soon passed off. There were many interesting people staying at this hotel, among them Mrs. Templeton, the widow of Laurence Oliphant. She invited us to her room, and showed us many curious things she had collected. She seemed to have been fortunate in this way, as even during her short stay on Carmel her dragoman had picked up for her, while digging about for relics of Crusaders' times, a wonderful little bronze lamp, the handle of which was a cross, also in bronze. We were so charmed with it that we sought high and low for one like it that Sunday afternoon for several hours, but the same good luck was not for us.

All the slopes of Carmel where we wandered in the lovely April sunshine were covered with red and white cistus flowers, like the lovely Japanese rose trees in some gardens in England, but little shrubs, not tall trees of them, as at home. All good things come to an end, and this holiday is over, but it has given us such pleasure, and new strength to go on with our work again. It was only one week, but such a delightful change, and now here we are again back in Jaffa, in the dear old English Hospital.

SISTER MARIE.

TRAINING IN DISPENSING.

To those nurses who can afford the time a knowledge of dispensing is a very useful addition to their other qualifications. "The Westminster Classes," which have now been held for fourteen years, offer an opportunity for both theoretical and practical training; and special terms are offered to nurses. Applications should be made to the Secretary, "The Westminster Classes," Queen Anne's Chambers, Broadway, Westminster.

OUTSIDE THE GATES.

WOMEN.

The Queen will open the new buildings of the Bedford College for Women (University of London) Regent's Park, on July 4th. The interest thus exhibited by Her Majesty will be appreciated not only by the authorities of Bedford College but by all interested in women's education.

One of the most interesting results of the Anglo-American conferences to arrange for the celebration of the centenary of peace between Great Britain and the United States is a project to erect a statue of Queen Victoria in Washington and one of President Lincoln in London.

The arrangements for the erection of the Victoria statue are to be made by a committee of women.

The American nation have a vast admiration for the character of the late Queen, the great Mother Queen they call her. This is highest praise, as in their estimation a world is but a poor place where the mother influence is excluded from power in the State.

Mrs. K. Thayer, 28, Buckingham Gate, S.W., commends to attention a scheme for the establishment of scholarships for women on the lines of the Rhodes Scholarships for men as a living memorial of the Hundred Years' Peace.

When "Captain" Mary Booth, daughter of the founder of the Salvation Army, awoke in the night recently at 2 a.m. to find a burglar in her bedroom, instead of calling in the police she utilised the opportunity to speak seriously to the visitor of his sin, and then learning from him that he had been driven to it by hunger she took him down to the kitchen and gave him a good meal, continuing to talk to him while he ate the food provided for him. At the conclusion of the meal she knelt down and prayed with him, and further insisted that he should pray for himself. She further promised to be his friend if he would lead a better life in future and then saw him off the premises. This is a sample of the practical kind of Christianity which wins widespread respect for the members of the Salvation Army and makes its work for the fallen and the criminal so successful.

A most sympathetic and practical "Health Lecture for Village Mothers" by Margaret Lady Verney has been published as a leaflet by the National League for Physical Education and Improvement, 4, Tavistock Square, W.C., which would be most useful to those who conduct mothers' meetings or schools for mothers in country places. The cost is 1d. per copy, or 9d. per dozen, and 5s. per hundred carriage paid. It should be widely distributed. Another practical leaflet deals with "Food and Drink."

BOOK OF THE WEEK.

HILARY'S CAREER.*

In this novel we had the story of a woman of family and distinction married to a hard-headed business man of no breeding to speak of. They have but one child, the boy Hilary, every inch a Brandon—that is, he was more his mother's boy than his father's. John Martyn was the successful editor of *The Review*, dubbed by some a scurrilous rag. The paper was a thorn in the flesh of the well-bred Brandons. The Brandons for generations had been naval people, and young Hilary at the age of twelve had decided that it was the only profession for him, and Hilary's mother, secretly proud of the Brandon dominance in him, had rejoiced. His papers for Osborne had gone in. Then begins the tragedy of the tale. John Martyn changes his mind; he will not have his son more Brandon than himself; he shall be educated to succeed him as editor of *The Review*.

We were wrong in saying the tragedy began there, for previously he had confessed to his wife that her union with him was illegal, his real wife being still living.

"No one like you, Stella, for me. I had—its the solemn truth—practically forgotten, and I thought her dead." He broke in on himself again with that sudden gusty fierceness, that somehow to her fancy brought youth back to his face.

"I've had you—I'm not going to regret it for anyone." There was no outward rupture. Stella continued under his roof and bore his name and kept her self-respect.

But even the debt that he owed her was not sufficient to move John's obstinate resolve.

So sheltered had Stella's life been that it was not till after a Suffrage meeting and her acquaintance with Sylvia Raymond, its attractive young leader, that Stella realised that she was the mother of a son, over whom she, not the father, had the power. But even this lever fails to move John, and they between them decide to lay the case before the boy Hilary, telling only what was absolutely necessary.

In the stillness of the night the boy visits his father's bedroom to tell him his decision.

Hilary came to where he lay and stood beside him in his little blue striped pyjamas.

"It's rather parky out here, dad," he explained. "Can I get into your bed?"

Not until he was comfortably settled did he begin. "You know, dad, mother would be so frightfully glad if you would let me go into the navy. Can't you really?" "Not even to please your mother," said John with a finality which Hilary at once accepted.

"Dad."

"What?"

"If I had chosen the business, you know, it would have broken mother's heart—to have me anything but a sailor—and you know you'd rather have anything than me break her heart." Hilary decided for both of them.

For a moment he stood quite still in the crook of his father's arm, until with a brief childish sigh he bent again to kiss him. Then crossing the room on quiet tiptoes he went away.

In the morning, when Stella came down to breakfast she was handed a sheet of notepaper, over which John had scrawled "The kid has chosen."

We heartily agreed with Aunt Clara when she asks Stella if she has thought that by giving Hilary a career she robs him of a father.

"You know, John isn't a bad father, nor even pig-headed about the boy except in one particular."

"Oh, no." She spoke eagerly for John. "And sometimes I have wondered if even a bad father isn't better than no father. There is something about parenthood that goes deeper than goodness or badness—its our earthly substitute for Divinity."

The most surprising feature in this work is that a woman so fastidious as Stella should accept with comparative calmness an intolerable position. John, with all his stupid obstinacy, is, however, quite a right-minded and likeable person, and we are glad to think it all came right in the end.

H. H.

LIMITLESS.

When the motive is right and the will is strong
There are no limits to human power;
For that great force back of us moves along
And takes us with it, in trial's hour.

And whatever the height you yearn to climb,
Tho' it never was trod by the foot of man,
And no matter how steep—I say you can,
If you will be patient—and use your time.

—Ella Wheeler Wilcox.

COMING EVENTS.

June 10th.—Annual Meeting, Colonial Nursing Association, Royal Colonial Institute, Northumberland Avenue, the Lord Ampthill, G.C.S.I., presiding. 3.30 p.m.

June 13th.—Duke and Duchess of Devonshire entertain Queen's Nurses at Devonshire House, London.

June 10th.—Monthly Meeting, Central Midwives Board, Caxton House, Tothill Street, S.W. 3.30 p.m.

A WORD FOR THE WEEK.

Happiness, grief, gaiety, sadness are by nature contagious. Bring your health and your strength to the weak and sickly, and so you will be of use to them. Give them, not your weakness, but your energy, so you will revive them and lift them up.—

Amiel's Journal.

* By P. Truscott. (T. W. Laurie, London).

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

A BENEFICIAL REFORM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—I ought to have sent you the enclosed (a cheque for £2) some time ago, as a small donation for the cause of Nurses' Registration, but the time seems to go so quickly, and every week when I read THE BRITISH JOURNAL OF NURSING I have intended to do so. Please do not think because I am so far away that I have lost interest in Registration, I have not, and realise the necessity for it more and more as time goes on. I do sincerely hope we may win this great and beneficial reform before long.

Yours very sincerely,

ANNIE JACKSON (Matron).

Strangers' Hospital,
Rio de Janeiro.

[We are always greatly encouraged by such letters from the faithful supporters of Registration, coming to us as they do from all over the world.—ED.]

SUGGESTIONS INVITED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I should like to know what Rhoda Metherell suggests the nurses who trained fifteen or eighteen years ago must do. In those days we only got two years' training, and I am quite sure with all our experience we are quite as good as those who get three now. I am now forty-three years of age, and what I consider just right for a private nurse, by then you learn to give and take.

I was at a case a short time ago, where the people can well afford to pay proper fees for a nurse; but a Middlesex nurse who has had three years' training, has gone for £1 1s. I think that is very wrong. I have taken in the JOURNAL for a long time, and I just wondered what we poor old things must do if doctors will not employ us just because we have not had three years in one place.

I am, yours truly,
"MIDLANDS."

WHAT IS A FEMALE SICK VISITOR?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The omission of the word "trained" from the Insurance Act is already producing the harvest which you foretold months ago. I cut the enclosed advertisement out of the *Daily Citizen* for Saturday last:—

WANTED. Female Sick Visitor for the Ashton-under-Lyne and Hyde and Hadfield branches of the Amalgamated Weavers' Approved Society.—Intending applicants can obtain a list of duties, etc., by applying not later than May 29th, to Mr. Saul T. Goggins, Weavers' Office, Ashton-under-Lyne, or Mr. William Pope, Weavers' Office, Hyde.

You will notice it is for a "Female Sick Visitor," no qualifications are asked for, and application is to be made to two men! One can only hope that if there are any women upon the Ashton-under-Lyne Weavers' Approved Society that they will insist upon having as a Sick Visitor a fully-trained nurse, or how can they expect to get the full benefit either for the sick who are visited, or for the Society. It would be very interesting to know what the Female Sick Visitor's duties are to be.

I remain, yours truly,

MARY BURR.

Villa Valaisanne,

Rue du Quai 12, Montreux.

A. G., Bath.—The question is one you should decide for yourself. We cannot influence your decision.

Nurse James, London.—To make a swab for the clinical diagnosis of diphtheria wrap some cotton-wool round the end of a piece of iron wire, eight inches long, seeing that the wool projects half an inch beyond the end of the wire. Insert this in a test tube to the bottom and plug the open end tightly with cotton-wool, then put in a hot oven for half an hour.

OUR PRIZE COMPETITIONS.

June 14th.—What is Gastritis? How is it usually treated?

June 21st.—What is a Rest Cure? Describe it.

June 28th.—What are the complications to be watched for during the puerperal period?

NOTICES.

WHERE TO GET THE B.J.N.

If unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. If you ask for this Journal, do not be put off with a substitute. Copies can always be procured at the offices, 431, Oxford Street, London, W., and through Messrs. W. H. Smith & Son. In Scotland from Menzies & Co., Glasgow; and in Ireland from Fannin & Co., Dublin.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

STATE REGISTRATION OF TRAINED NURSES.

Full information as to the movement of the State Registration of Trained Nurses, and application forms for joining the Society can be obtained from the Hon. Secretary of the Society for the State Registration of Trained Nurses, 431, Oxford Street, London, W.

The Midwife.

POST GRADUATE WEEK AT YORK ROAD HOSPITAL.

THIRD DAY.

The programme for the third day of the Post Graduate week at York Road Hospital, London, was (1) in the morning a visit to Parkes' Museum in the Buckingham Palace Road, and (2) in the afternoon a lecture by Sister Olive (Miss M. O. Haydon).

In the Guide Book of the Museum it is stated

bed, he described how the water filtered through fine sand, which gradually became coarser till the bottom layer consisted of fairly large stones. So effectual is this method that only one or two per cent of the germs pass through. He assured his hearers that it is quite unnecessary to filter London water any further. It had been ascertained, he said, that the mere storage of water in large tanks tends to destroy the organisms of disease. The washing basins for school children shown were interesting, with their constant water supply and overflow, thus obviating the risk of several



SISTER OLIVE, MISS E. WATKINS, SISTER FRENCH,
(Matron.)

MEMBERS OF THE POST GRADUATE WEEK AT YORK ROAD HOSPITAL.

that it is not designed as an attractive exhibition, but to serve as a means of teaching sanitary science, and a gathering of nurses such as this would not be complete without sanitation being at least touched upon.

Dr. Louis Parkes began by shortly explaining and demonstrating the advantages of modern drainage as against old-fashioned methods. He next showed the process by which the London water was filtered. He explained the necessity of such filtering in saying that the water was obtained from the Thames, and in its passage from Oxford, Henley, and other places, it became polluted from various sources. Showing a section of the filter

children washing in the same water and thus spreading disease. A drinking fountain designed from which children could drink without a cup commended itself, for the same reason. Dr. Parkes also gave a short description of the bacilli of common diseases. Sister Olive thanked him in the name of the nurses for his kindness in showing the exhibits and for his very interesting and instructive remarks.

In the afternoon the nurses assembled for Sister Olive's lecture in the Hall attached to the Hospital. At the end of the room was a stall, where various things of interest were on sale, such as the midwives bottle for feeding premature infants. Interesting

photographs of the hospital and staff were being eagerly bought up by old pupils. Leading out of the hall is the Museum, which contains many deeply interesting and instructive specimens.

Sister Olive, who was greeted with great acclamation, said she intended to speak on some emergencies in the course of labour. She read the rule of the Central Midwives Board, which authorises the midwife to deal with such to the best of her power pending the arrival of the doctor. She emphasised the necessity for a long training, as it was only by seeing a large number of cases that one could deal with emergency and become accurate in diagnosis, which last was essential to the safe conduct of a labour. A midwife should have an appreciation of the dangers of action and inaction, of the advantages and disadvantages of various kinds of treatment. She must also thoroughly understand asepsis, and antiseptics, and she must remain absolutely calm. She drew a picture of a midwife alone in an island in the North of Scotland where many hours must elapse before medical help can arrive. An emergency bag was, she said, a necessity in such a case, and should contain everything for the purpose, such as saline apparatus, rubber gloves, various hypodermic injections, drugs, and a small cylinder of oxygen. She sketched many complications that might arise in those circumstances, and gave suggestions for dealing with each. In her opinion no patient ought to die from post partum hæmorrhage. Here she said came in the value of correct diagnosis, and a good midwife should be able to recognise an adherent placenta before the loss was excessive.

In a case of concealed hæmorrhage, it was the right course to treat the shock, and no induction of labour was ever warrantable without very grave indications. She said that in delayed labour she had a great faith in the value of position.

Sister Olive spoke most strongly on the subject of purulent discharge and sores of genitals. There should in no case be any vaginal examination, use rubber gloves, leave membranes to rupture themselves, no catheter to be passed, no enema or douche to be given.

She concluded her lecture with a little parody, "To act or not to act, that is the question. Whether 'tis wiser patiently to wait the summoned help,

Or do the best we know of and by our wisdom
End the ease."

If only districts could be all provided with a Sister Olive very little help would need to be summoned.

FOURTH DAY.

On Thursday, May 20th we started the day with a clinic on out-patients, including a five months' pregnancy, two albuminurics, and several prima-gravide; this was only open to non-York-Roaders. They saw the system of taking notes of pregnancy, and made abdominal examinations. They then made a round of the labour-wards, and gathered many good hints. The clinic on the

Baby, conducted by Sister French, was followed by forty nurses; the ward routine was first explained in detail, and the nurses were shown the method of keeping the baby's chart. A very delicate baby, delivered by Casarian section, who has been in the Hospital for four months, and is now doing splendidly, illustrated many valuable points in the treatment and dieting of special cases. Sister demonstrated the methods of irrigating the colon, and giving a stomach a wash-out; the temporary value of Nestle's milk was well shown in this case—no other food was so well tolerated, the vomiting practically ceased when the condensed milk was used; gradually the stomach was trained to digest modified cow's milk; abdominal massage proved of value in dealing with the tendency to constipation, and latterly the boy has made rapid strides, being on the roof practically the whole of the day. The home conditions were such that it would have been fatal to have discharged him earlier from the hospital. In the next ward, the York Road incubator, heated by electricity, was demonstrated, and all the various paraphernalia used for premature babies were on show. In one corner a light bath was rigged up, a tent is made in similar fashion to that used for a hot-air bath, an electric lamp is suspended in it, also a thermometer which registers the temperature; these improvised incubators are easy to regulate; and the baby's head is outside the arrangement, so that he gets purer air than can be secured in an ordinary incubator; he can also be fed without any change of temperature. In the last ward, a baby was changed and put to the breast, according to the York Road method.

In the afternoon there were two events—a visit to St. Thomas' Hospital, and a clinic at the Infants' Consultations in Welbeck Street. Dr. Fairbairn kindly conducted the St. Thomas' party round the wards, the theatres, the Museum, and "Light" department. Special interest, of course centred in beautiful "Mary" Ward, with its splendid equipment.

At the Marylebone Dispensary, Welbeck Street, we were received by Dr. Eric Pritchard; we could have wished that the whole of the members of Post-graduate Week had been with us, for the clinic was most instructive and illuminating; the work done there is full of scientific enthusiasm for the infant; and as midwives, we picked up innumerable hints from the masterly way Dr. Pritchard elicited information from the mothers, and examined the babes. We duly tasted the Marylebone cream—a cheap and efficient substitute for cream, the dried milk and whey, and the separated milk powder. All the preparations were attractive in appearance and palatable, and have a yet greater recommendation for workers among the poor—they are cheaper than cow's milk. Their lack of anti-scorbutic properties is compensated by giving a little fruit juice once or twice daily. The only treatment allowed for constipation is massage and petroleum emulsion, half a drachm three times a day; if the baby

is still obstinate a small soap suppository. Three babies illustrated the methods of Dr. Pritchard: The first was slowly regaining its weight and greatly improving in condition after a long period of mismanagement outside; the amount of dried milk was increased by half-an-ounce this week, but the amount of water was not increased. The second was a fortnight old; the mother fed it whenever it cried; it was a very lusty person, but slept well at night; it was difficult to discover if the child was getting sufficient breast milk, so the mother was instructed to feed the baby regularly every two hours, and to come up on Tuesday for a "test" feed. The third was being fed on a patent food; the mother had to be out during the day; she was anxious to partly feed it on dried milk; she, too, was told to come on Tuesday to give the babe a "test" feed.

The midwives were all extremely interested in all they saw and heard. Dr. Pritchard capped his kindness in allowing us to visit the clinic, by providing tea in the pleasant board-room; this was most acceptable, as the day was close, and the work had been strenuous.

FIFTH DAY.

A visit to the Museum of the College of Surgeons was the first item on the programme. Sister Olive conducted a large party of post-graduates round the galleries containing the specimens of special interest to their work as midwives.

A series of skeletons of the fœtus, in progressive stages of development, started with one at three weeks, and ended with that of a full period child. A disarticulated specimen of a fœtus of seven-and-a-half months was particularly beautiful. The ovaries in childhood, puberty, after child bearing and at the menopause, were also demonstrated upon. The normal pelvis and its malformations in great variety were very instructive. Malformations of the fœtus, multiple pregnancies (some three, some four, some five), were a few among the vast collection that we were privileged to see. In spite of the interest with which Sister Olive so ably inspired us, the heat made us all glad once more to be in the open-air; and we made our way back to the hospitable roof, or rather garden, where once more we were entertained to a most delightful tea. Before this took place, however, the post-graduates availed themselves of what was evidently a great pleasure to them—that of presenting their popular instructor, Sister Olive, with a gift in commemoration of the Post-Graduate Week. A "Kelly's" pad was, perhaps, a somewhat quaint offering of affection, but the essence of a present is that which will give most pleasure to the recipient; and we understand that the labour ward comes far before any personal advantage in Sister Olive's heart. After a rest in the pretty garden, which gives promise of more beauty later on, the laying out of which was paid for by the proceeds of a jumble sale—(what enterprising people nurses are)—the post-graduates, with the matron and sisters, including Sister French and the Cæsarian baby, grouped them-

selves to be photographed. The variety of uniforms gave great effect, and will prevent the monotony that often mars a group when the nurses belong to one institution. The "York Roaders" were distinguished by the army-patterned white veils put on low over the brow, hiding the hair, with the object of asepsis. The sisters are distinguished by the blue stork embroidered in one corner. The white armlets, with the stork and initials in blue, are also a distinguishing feature of the graduates' uniform.

The last lecture of the course was given by Dr. Clifford White, his subject being "Modern Methods of Feeding."

The lecturer began by proving the advantages of breast-feeding over all other methods—one of its chief being that it contained the anti-body to disease. He explained the elaborate method of Walker-Gordon, and the less complicated one of Dr. Eric Pritchard; but he agreed that neither of them could be of general practical use. He showed how necessary it was to give fresh fruit juice or meat juice to children who were fed exclusively on boiled or preserved milk. One great cause of vomiting in infants was due to the excess of sugar in their food, causing fermentation in the stomach. Some infants, he said, did well on a whole milk diet; they were generally the thin babies with cold extremities.

EXAMINATION AND PRIZES.

On Saturday, May 31st, an examination was held and prizes awarded with the following result:—*First Prize*, Eden's "Manual of Midwifery," Mrs. Frances Looker. *Second Prize*, Pritchard's "Physiological Feeding of Infants," Mrs. N. Watson. *Highly Commended*, Small book on the Feeding of Infants, Mrs. Walters, Miss Bakewell, Miss Lambert, Mrs. Hart.

THE RURAL MIDWIVES' ASSOCIATION.

The annual meeting of the Rural Midwives' Association was held at 3, Grosvenor Place on Thursday, May 29th, by the kind permission of Lady Esther Smith. Lady Cawdor presided, and Mrs. Charles Hobhouse who moved the adoption of the report, said that one thing which would please the subscribers was that by arrangement with various Training Centres they were now able to charge only £12 to members and subscribers for four months' midwifery training.

It might seem extraordinary that they were able to give this training for so small a sum, but there were several contributory causes. After the passing of the Midwives Act in 1902 there was a great rush for training in the few training centres, the pupils flocked in, and the associations could not obtain vacancies. Consequently the training centres saw the value of the training they were able to provide and put up their fees. In the course of ten years the number of training centres had greatly increased, and they were beginning to be short of candidates to train. They had, therefore, concluded that it was better

for them to secure many probationers than to insist on high fees.

The Plaistow Maternity Charity set the fashion of reducing the fee if a certain number of candidates were sent by one Association, and this was the reason why they were able to obtain the training for their pupils at an absurdly low fee.

Then we had passed through a change in the phase of voluntary nursing, and there was a movement for associations to share in the nursing work in connection with the voluntary inspection of schools. Then there was work in connection with the National Insurance Act. The voluntary associations were not willing to stand alone and aloof from the work of public bodies. Assistance was needed for nursing the sick, and the associations were ready. There was a primitive idea of electors that the sole function of the State was the pouring out of gold, but for this there must also be a golden inflow, and those who were instrumental in producing the money should also be instrumental in seeing that it was well and efficiently spent. She had much pleasure in moving the adoption of the report.

Mr. W. J. Howarth, who, as Medical Officer of Health for Kent, has had experience of country conditions, seconded the adoption of the report, and spoke of the change taking place in rural midwifery. In the future he believed it would only be possible if subsidised by the State, or by some voluntary organisation. The midwifery work was not sufficient to enable a woman to be self-supporting unless it was tacked on to nursing. If this were done there was considerable hope for it. He referred to criticisms as to the risks and objections of such a combination, but thought they might be overcome. He seconded the adoption of the report which was carried.

Mrs. Lee, certified midwife, described the scheme proposed by her for insuring patients receiving the Maternity Benefit under the Insurance Act against payment of the doctor's fee in case of emergency.

Lady Verney raised the question of the length of training, and said that cheap nurses with short training and poor pay were the greatest plague of the country districts. If one parish employed such a nurse the next became discontented, and wondered why it should pay £80 or £90 per annum. Moreover, there were grave objections from the point of view of accommodation to these nurses residing in the cottages.

It was stated that some Nursing Associations gave short training because if they gave nurses a full hospital training they would not do the work.

The Chairman said that she believed the Queen Victoria's Jubilee Institute was reducing its long training for the same reason. It was found that fully trained nurses would not do the work.

N.B.—We believe this to be a misapprehension, and think that the Queen's Institute should not allow it to pass uncontradicted.

The meeting terminated with the usual votes of thanks, after which tea was served.

EAST END MOTHERS' LYING-IN HOME.

Dr. Owen Lankester, Chairman of the East End Mothers' Home, 396, Commercial Road, E., presided at the Annual Meeting on May 28th. He spoke in terms of optimism of the "flourishing" condition of the institution, which has many benefactors, mentioning, in particular, benefactions of the "Chums" Club, which has given substantial help from the proceeds of its Annual Charity Dinner and Entertainment.

The result of a visit paid to the Home by Dr. Norman Moore and by Mr. Norris on behalf of "King Edward's Hospital Fund for London," was a grant of £200. Very excellent work has been done by the Lady Almoner, who was appointed about a year ago.

The following Resolution was submitted to the Meeting and passed unanimously:—"That the East End Mothers' Lying-In Home is engaged in excellent work and deserves wider financial support, in order that it may be able to maintain its efficiency and enlarge the sphere of its activity. That the Annual Report and Audited Accounts for the year ended December 31st, 1912, be taken as read and hereby adopted; also that the General Committee, Committee of Management, and Honorary Officers be and are hereby re-elected."

Lady St. Davids, in moving the Resolution, referred to an incident which had led her to take an interest in the blind. Upon enquiring into causes the terrible fact had been revealed to her that one third of the people so afflicted need not have been blind at all; so many cases had been due to neglect at birth; this had led her to take an interest in Maternity Homes. She pleaded earnestly for funds to continue and extent the work; referring to the extreme poverty of some of the expectant mothers, she told the audience how much baby clothes were needed, as some of them were unable to make any provision. The visitors were invited to go over the Home at the close of the meeting; certain structural alterations have been made within the year, namely more cubicles for the nurses, a more commodious staff dining-room and Dr. Owen Lankester announced very joyfully that a comfortable "Nest" had been built for the Matron, Miss Anderson, which she richly deserved. An expression of opinion with which all who know Miss Anderson and her work will agree.

The exquisitely clean wards, the well and happy-looking mothers, and the sweet babies—scarcely one uttering a sound!—were an eloquent tribute to the Home. Delicious cool air radiated from large green glass bowls full of ice which stood in all the wards. Perhaps the comfort that this brought on a hot afternoon may have accounted in some measure for the quiet babies!

By the courtesy of the Committee a liberal and dainty repast was provided for the numerous visitors.

B. K.

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Vol. L.

EDITORIAL.

THE DUBLIN NURSING CONFERENCE.

The Dublin Nursing Conference will long be remembered by those who were privileged to share in its deliberations with feelings of enjoyment, admiration and gratitude. Enjoyment, indeed, was inevitable when the charm of Dublin enfolded them in its spell, and when everyone, including the Lord Lieutenant, the Lord Mayor, the Royal Colleges of Physicians and Surgeons combined to honour the visitors and through them the profession of nursing.

For that is, in truth, the meaning of all the kindness and hospitality which have been lavished upon the members of the National Council of Trained Nurses during their stay in Dublin—the recognition that nursing as a craft now has its position in the body politic, and that nurses have an important place among the craftswomen of the world, that they are indispensable public servants, who, as such, have proved their right to an honourable public position, and so, the City of Dublin, which extended so charming a welcome to the trained nurses who visited its hospitable shores last week, proved thereby that the City is not unmindful of the work of the quiet band of women who keep vigil by day and by night within the walls of its hospitals; who up and down through the city each day are welcome visitors where no others have right of entry, and who, as friends of the poor, and health missionaries hold a unique position in the hearts of the people, from which nothing can dislodge them.

Having the confidence of the people, and desiring to be worthy of it, we have, during the last week, met to discuss how best we can improve our efficiency, and what guarantee we can give to the public that we are friends who will not fail them in

time of need. The result was that we devoted a whole session of the Congress to the large question of nursing education, and discussed it from various aspects, the aim in each case being to improve and perfect the education, and therefore the efficiency of the nurses. While much has been done, much still remains to do, and speaker after speaker emphasized the need for the lever of State Registration which—put in the hands of the nurse—would immensely increase the capacity, as well as the dignity and honour, of the nursing profession.

The demand for this power found concrete expression in the one resolution of the Conference, which put on record its earnest conviction that it is “absolutely necessary both in the interest of professional nurses, and of the public, whom they serve, that provision should be made for their registration by the State.”

Indeed, wherever an organized body of nurses come together, this is the one thing which, with almost monotonous insistence, they urge upon the State, and they are right in insisting that such provision should not be delayed. *The Irish Times* rightly states that “of late years the nursing profession has come to realize that it has a very just grievance which clamours for early remedy,” and states that “the withholding of a legal status from the nursing profession cannot be justified on any reasonable grounds.”

We commend this statement to the consideration of our legislature.

Of the social side of the Congress we have given a full account in this issue. We have often heard of Irish hospitality, we have now had an opportunity of enjoying it, and it exceeds all that we have ever heard, while acquaintance with its delightful, warm-hearted and lovable people will certain impel those who have once visited Ireland to return and improve the acquaintance.

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

THE DUBLIN CONFERENCE.

JUNE 4th.

MORNING SESSION:—NURSING EDUCATION.

It was a happy inspiration which made Dublin the meeting place of the first Annual Conference of the National Council of Trained Nurses, with its organization in the hands of the Irish Nurses' Association (one of the Societies affiliated to the National Council), for that Association had at its command all the elements which make for success,—a President in Miss Huxley, able and beloved; an organization through which it could readily select the right person for the right bit of work; and many willing heads and hands to cope with the details which make for successful organization, so when the Hon. President of the Conference, Mrs. Bedford Fenwick, who presided over the first Session, rose to declare the Conference open, in the large Hall kindly placed at the disposal of the Council by the Royal College of Physicians of Ireland, on the morning of June 4th, the Hall was filled with a representative and professional audience, which, throughout the two days' Conference, followed the speeches and joined in the discussions with keen interest.

Mrs. Fenwick first read the following telegram from Berlin, which was received with applause: "The German Nurses' hearts are with our dear Irish friends and their guests.—SISTER KARLL." She then said:—

MADAM PRESIDENT, LADIES AND GENTLEMEN,—

It is with all the joy and pride in the world that I declare open this Conference on Nursing, and the allied arts of Massage and Midwifery. With joy that we members of the National Council of Trained Nurses find ourselves the guests of our Irish Colleagues in the far-famed capital of their beautiful and romantic land; and with pride, that owing to the delightful courtesy of the faculty of the Royal College of Physicians of Ireland, we members of the interdependent craft of Nursing, are permitted to assemble for our first National Conference in this historic Hall.

This Conference is going to be a brilliant success—I am so sure of it that I do not hesitate to prophecy before the event—and well it deserves to be so.

When we realise all the thought and care which have gone to the preparation of the Programme, and all the generosity and talent which have been expended in arranging for our

relaxation, we should indeed be graceless if we did not from this hour, determine to throw all the best we possess into our conduct of the professional sessions—so that the discussions, and the conclusions at which we may arrive may have far-reaching results for the good of the whole community—and also to give evidence of all the *joie de vivre* of which we are capable, in our appreciation of the social amenities which are intended to relieve the tension of professional debate—and to bring us up smiling at every session.

In the conduct of our Conference we must realise the limitations of time. At the six meetings we intend to hold we can only touch the fringe of the stupendous question of the National Health—in the high standard of which, preventive and curative nursing play so important a part.

The questions selected for discussion are amongst those which appeal to our National Council as of urgent and imperative importance.

The educational curriculum of the Trained Nurse, which will take precedence at this morning's session. The organization of the Nursing Profession through the power of the State—of which its members form so beneficent a section. How Laws—in the making of which we have no part—affect our economic condition, and therefore our lives and character, our usefulness and content. Our responsibility towards helping to stamp out that group of diseases well named the Black Plague. How we may best help those who, through a faulty social system, find themselves from birth handicapped by poverty and heredity, or broken by misfortune, and dependent in sickness upon national charity administered through the Poor Law. The preventive nursing and care of the children in the State Supported Schools, a movement fraught with illimitable possibilities for their welfare, and the Training and Status of those engaged in Midwifery, and the application of Massage.

Here we have a real live programme, and to do it justice we must to work at once.

It is therefore with very great pleasure that I present to you Miss Margaret Huxley, the President of this Conference, and invite her to deliver to you an Address of Welcome, and that I offer to her, in the name of the National Council of Trained Nurses, a bouquet of flowers, the perfume of which is not more sweet than the affection which prompts our gift.

The bouquet of roses, iris, gladiola and asparagus fern was tied with emerald green ribbon.

ADDRESS OF WELCOME.

Miss Huxley, President of the Irish Nurses' Association and of the Conference, said:—It is my pleasing duty to welcome to this city you, the members of the National Council of Trained Nurses of Great Britain and Ireland, and to assure you of the deep pleasure your presence gives us.

When the Irish Nurses' Association was formed some twelve years ago, we little thought then, that our united action would prove sufficiently important to attract the distinguished women who have journeyed long distances to join in our deliberations and to make merry with us for the next few days.

In this age of combination and co-operation, it seems fitting that nurses should realise that they are not solitary units, but members of one great body, and the advantage of a Conference such as this, is, that it brings the *fact* of unity and co-operation vividly before the minds of those who are assembled.

In all burning questions of the day nurses have their share, and their attitude towards these questions must be determined by the exigencies of their own professional life.

Therefore it is that a Conference is so beneficial—giving us hints and suggestions, in that spirit of mutual helpfulness, which prevents misconceptions and clears away misunderstandings.

The choice of Dublin as the meeting place for the first Annual National Conference is an honour conferred on us, and we hope you may find pleasure in the numerous interesting places of this Ancient City, and in the natural beauty of its surroundings.

The questions to be discussed this week concern Nurses in all branches of their profession.

From the standpoint of long experience, I earnestly commend to your consideration the subject of State Registration, which affects all Nurses from the day they apply for Hospital Training, till the day their nursing work is done for ever.

Mrs. Bedford Fenwick will speak on this important question, in her own inimitable way, to-morrow morning. Mrs. Dickie, whom we all know as an able worker, will speak to us on the Law as it affects Nurses.

Miss Haughton, whom we are delighted to have with us again, will tell us of Preliminary Training of Probationers.

Reciprocal Training, Massage Training and Education, Physical Degeneracy, Legal Status of Midwives, Poor Law, and School Nursing, each have a place on our programme, and we hope that from speeches and discussions we

may gain clear guidance, and return to our work refreshed and stimulated, ready to meet the difficulties of the common round in a spirit of high courage and determination, which in itself is the augury of success.

I will not encroach further on the valuable time of the Conference, as there is so much of interest to follow. I can only again express how warmly welcome all our guests are, and the pleasure their visit affords us.

The Chairman then called on Miss L. V. Haughton, Matron of Guy's Hospital, London, to present the first paper.

THE PRELIMINARY TRAINING OF PROBATIONERS.

Miss Haughton said that so important had been the changes, and so rapid the progress which medicine and surgery had made during the last twenty years that it seemed but natural and advisable to pass in review the corresponding advances made in the training of nurses during the same period, and, amongst these the establishment of the preliminary training school for nursing pupils was one upon which we could look back with satisfaction. She mentioned that the first such school was established in 1803 in connection with the Royal Infirmary, Glasgow, by Mrs. Strong, then Matron, on the suggestion of Sir William Macewen. The passing of years had, she said, only served to strengthen belief in such a system of education for any institution where nurses were in training. The physician and surgeon now demanded a high standard of intelligence and of general education from the women who assisted them in their scientific work, and further, the large increase in the number of special departments in all our hospitals, and the multiplication of special forms of treatment made it essential that the nurse should be a useful unit during the whole of her three years' training. If the first few months were spent in doing work which she did not understand there would not be time during that three years to obtain experience of work in the many departments which form part of the large general hospital of to-day. Miss Haughton emphasised the importance of the choice of an instructress for the preliminary training school, and described in detail the courses in various Preliminary Training Schools, both in this country and at the Johns Hopkins Hospital, Baltimore. She considered that the course in this country should be extended to eight or even twelve weeks and that more attention should be given to household economics than at present.

RECIPROCAL HOSPITAL TRAINING

Miss B. Cutler, Assistant Matron at St. Bartholomew's Hospital, London, said that trained nurses exist in order that they may render skilled and efficient aid: (1) in the prevention of disease and (2) in its cure or amelioration. The question of how they might best be educated for their responsible duties was therefore one of supreme impor-



MEMBERS OF THE DUBLIN NURSING CONFERENCE.

- Miss C. Lee
- Miss Carson Rae
- Mrs. Dickte
- Miss du Sautoy
- Miss M. Breey
- Miss Thurstan
- Miss Barton
- Miss Houghton
- Miss Huxley
- Miss Hagg
- Miss Marson
- Miss Cutler
- Mrs. Bedford Fenwick
(Mon. President)
- Miss Golding

tance. She showed that thirty years ago our general hospitals afforded training in the nursing of most diseases. Of recent years a much more rigid classification of cases had, quite rightly, been introduced, and the infectious cases eliminated. This left serious gaps in the clinical material necessary for the training of pupils in general hospitals, and we were thus brought face to face with the need for co-ordination of training, and for reciprocity between the general and special hospitals. In London the authorities of the great fever hospitals—the Metropolitan Asylums Board—have shown themselves not only willing, but desirous, to enter into an arrangement with the general hospitals for reciprocal training, and this policy had had the support of the late Miss Isla Stewart, Matron of St. Bartholomew's Hospital, who had shown herself, as ever, a broad-minded educationalist, and recommended her committee to co-operate with the M.A.B., with the result that a scheme of reciprocal training had been adopted by the Committee of the hospital and the Board. She also quoted the opinion of Miss Mary C. Wheeler, R.N., in her Presidential Address to the American Society of Superintendents of Training Schools for Nurses last year that in the reconstruction of nursing education affiliation will play an important part.

POST GRADUATE TEACHING FOR NURSES.

Miss E. M. Musson, Matron of the General Hospital, Birmingham, spoke on the subject of Post Graduate Teaching, from which she excluded fever nursing, special work (such as midwifery, massage, electrical work, house-keeping, and training in Matrons' duties), limiting it to courses of instruction for nurses already qualified desiring to refresh their knowledge of medical and surgical treatment, and to bring their nursing practice up to the requirements of the day. She pointed out that a nurse who was working away from the centres of progress must feel the necessity of "rubbing up," if she was to extend her working days as long as possible. The usual method at present was to obtain some months' holiday work in a hospital, which was not altogether satisfactory from the point of view of the hospital or the nurse. A post graduate course framed especially for such nurses, would enable them to learn new methods in a much shorter time, to vary their experience, and to see the most interesting cases and the most modern treatment in the whole of the institution, instead of remaining for some time in one ward or department. The nurses admitted to the course should be fully trained. It should not be a means whereby semi-trained women might add to their half-digested knowledge at small expense to themselves.

Miss Musson estimated the expense of the course at £12 12s. for a six weeks' course for resident pupils; and £9 for non-resident pupils. The difficulties were (1) the limited means of nurses; (2) the difficulty of getting free time to take the course; and (3) indifference. Again referring to the returns which a nurse might

expect for her outlay, Miss Musson said the greatest would be that of knowing that the services given to the sick were as efficient as possible and that no skill in nursing would be wanting when life and death each strove for the mastery.

DISCUSSION.

The Chairman said that the three papers were of a very high quality. They had the great privilege of having amongst them Mrs. Strong, who was Matron for many years of that splendid institution, the Royal Infirmary, Glasgow. She was the *doyenne* of nursing, and she interested herself in the higher education of nurses when many London hospitals were in the dark ages.

Mrs. Strong, President of the Scottish Nurses' Association, said that it was a great pleasure to know that the work inaugurated in 1893 was bearing such good results. The papers read had given her great gratification. She thought that three years' general training should be sufficient, and special work should be taken up afterwards. It seemed to her that there was too much money asked for midwifery training. The nurses' services were valuable, and the maternity hospitals should not be kept up largely at their expense.

Miss Cunningham, Matron of the Stillorgan Convalescent Home, said that a course such as Miss Musson had proposed would be an incalculable boon to most, but she was afraid the fees would be almost prohibitive, though she hesitated to plead for a shorter course, as only tending to encourage superficial work.

Miss Cunningham answered the first question of Miss Cutler, "Is reciprocal training desirable and feasible," with an emphatic affirmative. She had shown the advantages of reciprocal training in the large schools; how much greater and more pressing the need in the smaller and special hospitals—in fact, reciprocal training was what they in Ireland must expect and prepare for when they obtained State Registration of Nurses. She pressed upon those present the claims of Mental Nursing, and urged that some experience in it should be included in the curriculum of training. She pointed out that frequently nervous symptoms complicated otherwise simple medical and surgical cases, so that unless a nurse was equipped to meet these difficulties she was in danger of becoming a nervous wreck.

In regard to preliminary training, the speaker reminded the audience that Miss Haughton laid great stress on the high character and type of women required as nurses, a type which, unfortunately, became harder and harder to find among potential nurses. This shortage of the right class of women (she used the word in its widest sense, not the social sense) presented one of the most difficult problems for the consideration of the Conference, and was so fundamental that it underlay them all.

In the abstract nursing ranked high, it had an appeal to all that was noble and womanly, and had high tradition behind it. But in the concrete it was different; the material side was anything

but attractive, small pay, long hours, uncertain status. The uncertain status was largely due to the unorganised state of the profession and would be remedied with State Registration, but the results of this would not be at once evident to intending probationers. As a partial remedy the speaker welcomed Miss Haughton's proposal for a preliminary training college, as the life would bring with it a higher idea of the position and requirements of a nurse, giving a sense of dignity and responsibility to the probationer and to her conception of her work.

Miss Beatrice Kent thought a post graduate course very desirable, but the money question was quite a problem.

The Hon. Albinia Brodrick said that the speakers they had heard admitted grave defects in training. The education of the public was the first step towards reform. When the public demanded better nurses they would get them.

Miss Ramsden did not think there was much profit on pupils' fees, and therefore they could hardly be lowered.

Miss Wright did not see why maternity pupils should pay fees any more than pupils in general hospitals.

Miss Reeves said that in Ireland, which was a poor country, all nurses paid for their training.

The Chairman said it was evident from the discussion that the important point was finance. Education was a most expensive thing if it was to be worth anything, as it must be taught by experts. But it must be recognised by fathers that they had a responsibility to equip their daughters to earn their living as well as their sons. At the basis of the demand for the better education of nurses was the awakening of the professional conscience of women, who realised that they must give of their best to the sick, and could not do that unless they were properly instructed. They must bring the nurse up to the point when she had a right to touch the sacred sick body.

AFTERNOON SESSION.

PHYSICAL DEGENERACY.

Miss Butler, Matron of Sir Patrick Dun's Hospital, and Vice-President of the Irish Nurses' Association, presided at the Afternoon Session in the Large Hall, and said that tuberculosis (white plague) and venereal disease (black plague) were both responsible for physical degeneracy. This afternoon would be devoted to the study of the latter. Until lately the public and trained nurses were ignorant of the terrible disease which was working havoc in weakening manhood and destroying health. Knowledge was power, and it behoved every good nurse and good woman to take part in the battle against it.

BLACK PLAGUE, OR VENEREAL DISEASE.

The Hon. Albinia Brodrick, who presented the paper on this subject, was listened to with the

utmost attention, as she dealt with her subject in a masterly way. As we hope shortly to publish this paper verbatim we will only refer to it briefly in this issue. Miss Brodrick prefaced her remarks by saying that the cult of the body is a present day craze—the cult that is of the body surface. Beyond this worship of the external lies the ever-increasing softness and love of pleasure, the self-indulgence, the need of smooth things and flowery ways which, carried to their logical outcome, spelt the ending of the race, the extinction of the nation. Science, on the other hand, knew nothing of externals, and dug deep into causes, knowing well that if the root were sound so would the plant be, and sought Truth, not for the sake of the Truth alone, but as the sole foundation upon which could be built up the superstructure of knowledge, which was power.

Nurses were the handmaids of Science—of a true knowledge of Nature and of the laws of Nature, which were the laws of God. And if Science were a seeking for Truth, and we the handmaids of Science, it behoved us to recognise Truth when we found it, simply and fearlessly, to accustom ourselves to think courageously about that aspect of Truth with which it was the office of our profession to deal, the prevention of disease and death, the causes of disease and their uprooting, the laws of health, and, for that purpose of morality as the foundation of health, and, as worthy handmaidens of so grand a mistress, to be diligent workers in her service.

For us the time had gone past to be afraid, or ashamed, of calling things by their own names, or of avoiding a scientific subject because the outside world called it ugly. In this spirit Miss Brodrick presented a masterly review of her subject which she declared, and we think proved, claimed the attention of all thinking men and women.

Dr. Ella Webb thought it a splendid thing that the members of the nursing profession should take this matter up. Patients were much more inclined to talk to their nurses than their doctors, and nurses when the subject came up in conversation might, if they were tactful and discreet, do much good. She advocated the instruction of children in the laws of their bodies at a much earlier age than was usual at present, and thought that boys should learn something of the suffering entailed on women by vice. The average boy was thoughtless but warm-hearted, and as he grew older much of his sin against women was due to thoughtlessness and carelessness. She concluded by thanking Miss Brodrick for her paper, which was the best she had ever heard read on the subject.

THE WORK OF THE TRAINED NURSE AS A REMEDIAL AGENT IN CONNECTION WITH VENEREAL DISEASE.

Dr. Henry Moore, Surgeon to the Westmoreland Lock Hospital and the Royal City of Dublin Hospital, thanked the President for the honour she had done him in asking him to present a

paper, and thanked Miss Brodrick personally for the great pleasure her paper had given him.

The speaker said we were faced by a great national danger, and should deal with it openly and fearlessly. Doctors and nurses could open the eyes of the public to a pressing danger, and district nurses had special opportunities. They should know something of syphilis as a frequent cause of abortion, and might have opportunities of explaining to patients the nature of the disease from which they suffered. Dire results were due to patients hiding their condition. In the early stages syphilis was absolutely curable, but patients did not seek efficient treatment, and if it were allowed to go on for a short time it became incurable. Nurses must remember that the disease was contagious, and there was a certain amount of danger, but no micro-organism was so easily killed as that of syphilis if taken in hand before the system was affected.

One of the most stringent rules at the Westmoreland Lock Hospital was that no patient must ever wear a pin. A nurse had once been infected by this means, and after twenty years of suffering the disease had proved fatal.

With the treatment now at the disposal of the medical profession, with improved legislation, and an educated public opinion, the speaker considered the cases of syphilis might be reduced by 50 per cent. in the next thirty years, but if we went on as at present for another twenty years the state of things would be most serious.

Mrs. Day, Poor Law Guardian, Cork, said that both papers had dealt with the effect rather than the primary cause of venereal diseases, which was prostitution, and this again often originated in economic conditions. Eighty per cent. of women were on the streets through no wish of their own, but were driven there by grinding poverty. Again ninety-five per cent. of the girls caught in the White Slave Traffic went into it innocently. It was not right that there should be a slave class. Do not, said Mrs. Day, issue red tickets to the woman who walks the streets and let the man who pays her go free.

Mrs. Bedford Fenwick thought the question should not be dealt with altogether from the moral side. For nurses it was rather one of the public health questions. She referred to the duty of hospital authorities to see that adequate instruction was given to nurses concerning protection from infection. It was a tremendous danger, and there had been many tragedies amongst nurses. She thought Matrons should try to get this teaching given quite early in their training. She spoke of the instruction through the eye, and the wonderful wax models shewing the effects of diseases of the venereal group, made by a nun, and exhibited at the Lindenburg Hospital, Cologne, to members of the International Nursing Congress. To see such models would impress the horrors resulting from vice upon the mind.

Miss Patterson spoke of her experience in the

out-patient department of a London hospital, and thought that every hospital should supply gloves and overalls for use in suspicious or infectious cases. A pamphlet was now given to out-patients in this hospital, who were syphilitic, warning them of the nature of their disease.

Miss Creighton spoke of conditions in India, after which Miss Brodrick and Dr. Moore replied.

MESSAGE, TRAINING AND EDUCATION.

Mrs. Strong presided at the Session of Massage, Training and Education in the Small Hall, when Dr. Barrie Lambert read a paper on the "Training of the Masseuse," and Mrs. Hoghton Stewart dealt with "Professional Ideals with regard to Massage Workers," the discussion being ably opened by Miss L. Despard.

We shall publish a detailed account of this Session next week, with those which were held on Thursday, June 5th.

RESOLUTION OF THE CONFERENCE.

The one Resolution of the Conference was passed on Thursday at the Session on the State Registration of Nurses. It was proposed by Mrs. Bedford Fenwick, and seconded by Mrs. Strong, President of the Scottish Nurses' Association, and carried enthusiastically with two dissentients—Matrons trained in England—so we may take the Irish vote as solid.

RESOLUTION.

This meeting desires to record its earnest conviction that it is absolutely necessary, both in the interests of the professional status of trained nurses, and of the public whom they serve, that provision should be made for their Registration by the State, and that such Registration should be under the supervision of a Central Professional Authority, and that admission to the Register, of those who have fulfilled the prescribed conditions, should be by the single portal of a State Examination.

This meeting regrets that the Prime Minister has not, so far, found time for the discussion of the question in the House of Commons, and urges that facilities may be given to the second reading of the Nurses' Registration Bill at the earliest possible date.

In a leading article on the Nursing Conference the *Irish Times* says "To-day nursing is recognized as a valuable auxiliary to the medical profession; it has become a distinct, honourable and organized profession of its own. In these circumstances the withholding of a legal status from the nursing profession cannot be justified on any reasonable grounds. For their own sake and still more for the sake of the public to which they do such valuable service, nurses ought to receive the State recognition which is implied in State Registration. We entirely agree with the resolution on this subject which the Conference passed at its meeting."

VOTES OF THANKS.

On the morning of Friday, June 6th, the Conference re-assembled for the last time, when Miss Huxley, who presided, read a telegram from Miss Grace Tindall, President of the Association of Trained Nurses of India, expressing deep disappointment that she was detained by illness in London; and another from Dr. and Mrs. Arthur Ball, sending best wishes for the success of the Conference, and their regrets that they could not attend the banquet of the previous night.

She then moved from the chair the following votes of thanks, which were carried by acclamation:

To the Lord Lieutenant, for attending the tableaux, opening the Vice-regal Gardens to any of the members of Congress who cared to go there, and for welcoming the Conference to Dublin—for this a very hearty vote of thanks was due to His Excellency.

To the Lord Mayor of Dublin, for so graciously lending the beautiful rooms at the Mansion House in which the banquet had been held; it was a very graceful act on his part.

To the College of Physicians and the College of Surgeons, for so generously placing their Halls at the disposal of the Conference, thus lending the Conference a certain amount of prestige, as the doctors had considered their meetings sufficiently important to give their Hall for the reading of their papers.

Miss Huxley also desired to express sympathy with Miss Reed and Miss Shuter, on the cause which had led to their inability to be present.

Mrs. Bedford Fenwick, after explaining the organization of the National Council of Trained Nurses, and the important position held in it by the Irish Nurses' Association, said she felt that every member of the Conference should realize the debt of gratitude they owed to it for the splendid way in which every section and everything connected with the Conference had been organized and carried out. The spirit of hospitality which prevailed was truly regal, and truly Irish. The high tone of the Conference had been thoroughly professional; and not only professional, but fearless; and they had had the great advantage of hearing the opinions expressed offered in the spirit of free speech. They, therefore, thanked the Irish Nurses' Association for the power of organization which they had displayed. They had an incomparable President, in Miss Huxley; and in their exhibition they had given a fine example of what they were capable of doing. To the various committees—exhibition, pageant, tableaux and hospitality—she offered thanks, and especially to their Hon. Secretary, Miss Carson Rae. Miss Houghton seconded the motion, which was carried with applause; and the Conference was over.

In the entrance hall of the College was a Literature Stall, and here again THE BRITISH JOURNAL OF NURSING and other literature, were in evidence, and Miss Thurston took charge of the literature of the National Union of Nurses.

THE EXHIBITION.

A Nursing Exhibition, organised by professional nurses, has always a great charm, and that in the Mills Hall, Lower Baggot Street, Dublin, with Miss J. E. Hughes as Director-in-Chief, ready to give information on all points, and to meet all the exigencies incidental to such an undertaking with serenity and smiles, was a thing not to be missed.

PRIZES.

Of course, interest centred in the first instance in the prizes awarded by THE BRITISH JOURNAL OF NURSING. Who had won them? *What* had won them?

NURSES' INVENTIONS.

First Prize (£2 2s.).—Awarded to Nurse Coxeter (Croydon) for the "Theta" Infants' Bottle Warmer. An Allenbury's bottle fits snugly into the warmer, which is for the purpose of re-warming the milk *during* the feeding of infants. The bottle is kept in place by a ring and spring attached to the tin, which is filled with boiling water and acts as a "jacket."

Second Prize (£1 1s.).—This was won by Miss Lyle (Dublin) for a cardboard clock of which the hands can easily be set to show the time at which a baby's next feed is due. It was a simple yet practical device.

NURSING HANDICRAFTS.

First Prize (£2 2s.).—This was won by the collection of splints by St. Bartholomew's Hospital nurses, and, indeed, Bart's splints are hard to beat for comfort and perfection of detail in padding. Some new celluloid splints were specially admired, and a "Thomas" came in for much admiration.

Second Prize (£1 1s.).—Labour Bed: Mother's nightgown, bed jacket, labour petticoat, Baby's Cot and Bedding, Baby's Basket complete, and Clothing. An exhibit sent by the League of St. John's House Nurses, arranged by Miss E. Walker, Miss Whait, and Miss Richardson.

NURSES' UNIFORMS.

First Prize (£2 2s.).—For a complete set of dolls dressed in the Nursing Uniform of any Irish Hospital. The Richmond Hospital (Sister Hazlett).

Second Prize (£1 1s.).—Sir Patrick Dun's Hospital (Sister McGee).

The Judges were Mrs. Bedford Fenwick, Editor THE BRITISH JOURNAL OF NURSING, Miss Carson Rae (Hon. Secretary Conference Committee), Miss J. E. Hughes (Hon. Secretary Exhibition Committee). Amongst the interesting exhibits sent by trained nurses was a green sheet, used by some surgeons when operating at Elpis to cover the patient, to lessen the eye strain felt from a white one. This was designed and is prepared by Miss Thornton, Sister. Miss Thornton also designed a very practical ether stand, in which three different solutions can readily be handed at the same time to the surgeon who is doing the final skin preparation before operation.

A child's cot tie and the knitted toe caps, sent by Sir Patrick Dun's Hospital were very good; Miss O'Flyan, Children's Hospital, Temple Street, Dublin, sent a chart holder; Miss Clarke, a baby scale; Miss Despard and Miss Masters, electrical appliances; Miss Studley a Eustace Miles Chair Rest. The Elpis Bed Rest, designed by Miss Huxley, was on show; Mortuary Linen from the General Hospital, Newry; a baby's robe made in Kerry 120 years ago, and many other interesting things.

The Nurses' Social Union (we are not yet used to its new name, the National Union of Trained Nurses) had a most instructive exhibit of striking posters, models of abnormal stools, &c.

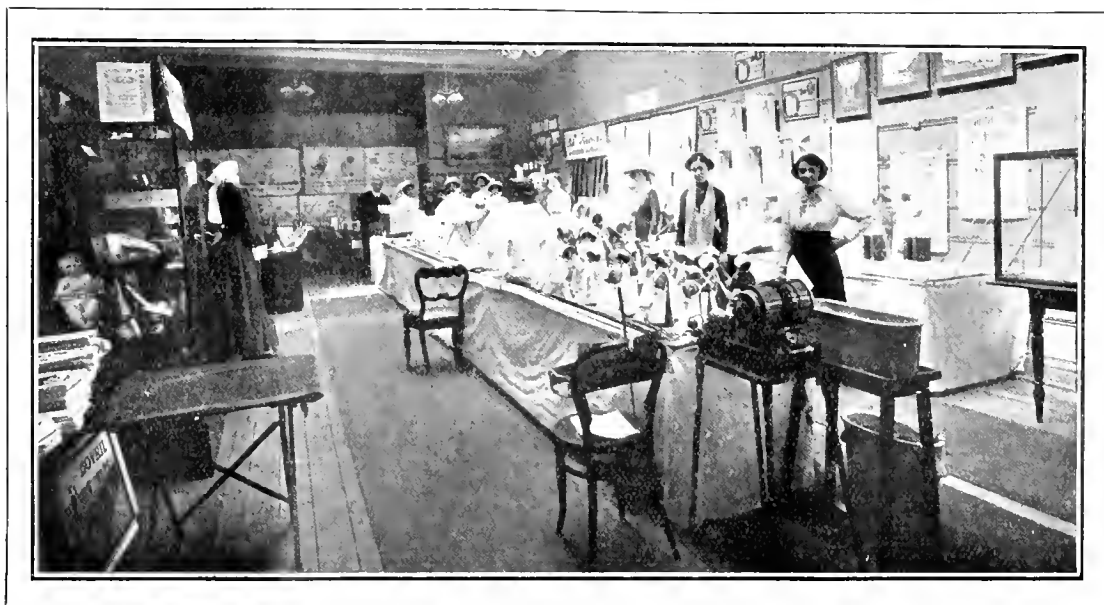
The trade stalls were for the most part very tastefully arranged, and indeed, so far as the management is concerned the arrangement of

Keen, Robinson & Co., Ltd., London and Norwich, should do a good trade, for there are many midwives and maternity nurses in Dublin, and Robinson's "Patent Barley" and "Patent" Groats are a most useful part of the equipment of such workers.

Messrs. Stephens & Bourke, 26, St. Stephen's Green, Dublin, were showing a most attractive selection of footwear, and Dr. Scholl's Foot Easers, which really do what they profess to do.

Bovril, Ltd., of Old Street, London, were in a prominent position, as may be seen on consulting the picture; indeed, it is easy to recognise a number of leading firms by this means.

The Medical Supply Association, of 31, South Anne Street, Dublin, had an excellent exhibit, attractively arranged, comprising nurses' bags, sterilisers, and many novel appliances.



THE NURSING EXHIBITION.

stands could not have been better. We were delighted with the stand prepared for THE BRITISH JOURNAL OF NURSING, the table covered with emerald green, and its boundaries indicated by ribbons of rose, green and mauve. Needless to say, the JOURNAL was much in evidence, as may be seen in our illustration, as well as the "International Report," "Overstrain of Nurses," and other up-to-date literature.

Horlick's Malted Milk (Slough) appeared to be doing a brisk business. It is an excellent pick-me-up. Hall's Wine (Stephen Smith & Co., Ltd., Bow) made a brave show. The Jelloid Co., 76, Finsbury Avenue, was bringing its excellent preparation to the notice of Irish nurses, some of whom at least were unfamiliar with this dainty little tablet.

A very attractive stand was that of Mr. Frank Atkinson, 56, Dame Street, Dublin. Dainty china, and fireproof ware which would tempt an invalid to investigate his food even if he felt disinclined for it.

Messrs. Fannin & Co., Ltd., of Grafton Street, Dublin, were showing an excellent selection of nursing appliances, from which it should be easy to make a selection for one's needs. An apparatus for the Automatic Regulation of Saline Injection (Mr. Arthur Ball's) attracted a good deal of attention, and appeared to be a practical and useful device.

There was a large attendance of visitors at the Exhibition throughout the day, on Wednesday, Thursday, and Friday and we hope to hear of its financial success.

THE SOCIAL FUNCTIONS.

THE RECEPTION AT THE ROYAL COLLEGE OF SURGEONS.

The first of the Social Functions which were so delightful a feature of the Nursing Conference was the Reception given by the members of the Irish Nurses Association at the Royal College of Surgeons (by kind permission of the Council) on the evening of Tuesday, June 3rd. The guests were received, on behalf of the Irish Nurses Association, by its Vice-President, Miss Butler, Miss Shuter and Miss O'Flynn, and other Matrons, escorted their English and Scotch colleagues up the fine Hall, Mrs. Bedford Fenwick, President of the National Council of Trained Nurses of Great Britain and Ireland, being conducted to the chair of Daniel O'Connell, a treasured possession of the College, used on special occasions. The procession was in the following order:—Mrs. Bedford Fenwick and Miss Huxley, Lady Hermione Blackwood and Miss Ramsden, the Hon. Albinia Brodrick and Miss Cunningham, Mrs. Dickie and Miss Joy, Miss Musson and Miss Keating, Miss Wright and Miss West, Mrs. Strong and Miss Hughes, Dr. Barrie Lambert and Miss Hogg, Dr. Marion Andrews and Miss Hutchinson, Miss Thurstan and Miss Sutton, Mrs. Stewart and Miss Despard, Miss Johnston and Miss Sampson. In addition to the large number of nurses present, many prominent and distinguished people attended, and the scene was a brilliant one, the Hall being filled to its utmost capacity.

A message was received from the Viceregal Lodge on behalf of the Lord Lieutenant and the Countess of Aberdeen, stating that Their Excellencies felt much interest in the Nursing Conference, and would gladly do anything in their power to promote the interest and success of the proceedings. It was a great disappointment to Lady Aberdeen that, owing to the fact that the French Division of the International Council of Women of which Her Excellency is President, was holding a series of business meetings in Paris that week, she was unable to be present. Their Excellencies most kindly intimated that the grounds of the Viceregal Lodge would be open for visits by the members of the Conference and their friends.

Delightful music was provided during the Reception by Mr. Clarke Barry's Instrumental Quartette.

PAGEANT OF NURSING.

The special feature of the evening was the Pageant of Nursing, adapted from the Pageant and Masque of the "Evolution of Trained Nursing," by permission of Mrs. Bedford Fenwick, its author and designer. Anticipation was at its height as the trumpets announced the approach of the Procession and a herald proclaimed:—

"My Lords, Ladies and Gentlemen, I pray your silence for the Pageant of the Evolution of Trained Nursing, and the Right of Life to Health. Hygeia, Goddess of Health, will now lead the procession of Immortals."

Then entered Hygeia, radiant and gracious, followed by her attendants: Fire (Miss Campbell), in a flame-coloured robe; Air (Miss M. Moran), diaphanous and ethereal; Earth (Miss Moran), bearing the fruits of the earth; and water (Miss Porter), with characteristic trident. Ascending the Dais, Hygeia (Miss Story) addressed these words to the guests assembled:

"Assembled Mortals: To those from far as well as those of our shores, we extend a warm and hearty greeting, a welcome to our festivities, and a wish for your enjoyment of them all. Here to-night we present to you a Pageant of Health, and Good Workers of past ages and of the present day. We call, therefore, upon the Immortals and Nursing Orders to approach, and we crave your gracious attention to their procession."

She then commanded:

"Trumpeters, summon the Immortals to approach."

The trumpeters thereupon sounded a fanfare and the Immortals approached the throne of Hygeia, making obeisance. They formed a beautiful and striking picture, poetically idealising the attributes of Nursing.

The part of the Spirit of Nursing was taken by Miss Eddison, her attributes being Endurance (Miss MacNamara), Courage (Miss Cryan), Sympathy (Miss Thompson), Devotion (Miss T. Macnamara), Patience (Miss Clanchy), Kindness (Miss Stannuel), Compassion (Miss Ovenden), Modesty (Miss Hely) Gentleness (Miss Wills).

Miss Holden, Matron of the Richmond Hospital, in academic gown and cap of scarlet, represented the Science of Nursing, and her two Attributes were Knowledge (Mrs. O'Hara Mease) and Truth (Miss Armstrong). Knowledge was supported by Observation (Miss Perry, B.A.), Diligence (Miss Colhoun, B.A.), Understanding (Miss Dudgeon), and Intellectual Discipline (Miss Coates). Truth had her own special attributes, Mental Purity (Miss V. Arnott) and Moral Beauty (Miss M. Arnott), robed in white.

All these grouped themselves most effectively round Hygeia, and then came the Procession of Saintly Women, and the Nursing Orders, beginning with Agamede the Fair-haired, down to a Territorial Nurse.

A character not represented in the London Pageant, and effectively introduced, was "Finn MacCool," the great chief of the Fianna, or Irish Militia, who instituted a band of trained nurses.

The beautiful banners of the Matrons' Council, the Irish Nurses' Association, the League of St. Bartholomew's Hospital Nurses, and other Leagues, brought the procession to an effective close.

By command of Hygeia, the trumpeters sounded the "disperse"; and the goddess then led the procession of Immortals, Saintly Women and Nursing Orders through the assembled guests once more, and the Pageant was over.

The greatest credit is due to the organisers, Miss K. Patton and Miss Maenic, for the skill and hard work which must have gone to the production of so charming a result.

CHARMING HOSPITALITY.

Space fails us for more than a brief mention of the charming hospitality and thoughtful arrangements for our pleasure which met us on all sides. Thus on Wednesday 4th, Miss Reeves, Lady Superintendent of the Royal Victoria Eye and Ear Hospital, most hospitably entertained a number of members of the Conference to luncheon, the Dean of St. Patrick's conducted a party round the Cathedral, pointing out and explaining its beauties, and the Master of the Rotunda (Dr. Jellitt) and the Matron (Miss Ramsden) were At Home at this world-famous hospital after the afternoon session.

THE ROYAL VICTORIA.

The Out-patients' Department at the Royal Victoria is new, spacious, up-to-date, and a hurried glimpse in the short time possible to devote to its inspection made one long to return and study its system of case-taking and record-keeping at greater leisure, for it is evidently most complete and thorough and the record of any patient who has attended the hospital formerly can be turned up with the greatest ease. Different coloured cards for eyes and ears, and again for the patients of different doctors simplifies the work as much as possible.

THE ROTUNDA.

To visit the Rotunda Hospital, Dublin, must always be a somewhat epoch-making occasion to a midwife, who well knows that its fame has gone forth throughout the world, and that the excellence of the training given there and the experience obtainable—for a large number of abnormal cases are admitted—is of the very first rank. On the occasion of the "At-home" many nurses were in the tea room, looking after the creature comforts of the guests in the kindest possible manner. We were much impressed by the neat uniforms and tidy caps of the Rotunda nurses, and by their professional appearance generally. Nowadays, when caps appear to be so often regarded as decorative rather than useful, it is pleasant to see them put on in the sensible and becoming fashion of years ago, when they were "uniform" in fact as well as in name.

The new labour wards at the Rotunda are models of what such wards should be, and the casual visitor is, quite rightly, enveloped in an overall, and has to don goloshes before being admitted. The bath in the bathroom strikes one as specially low, a wise and necessary provision. The labour ward contains five tables, or stretchers, for the delivery of patients, privacy being secured by means of washable curtains. Students and pupil midwives are admitted to see the labours from the other side of a glass screen, in which case the experience is beneficial to the pupil, but does not, of course, count towards her cases for the Central Midwives Board.

In a Maternity Ward one saw a mother just about to leave the hospital with twins, which have

evidently been the pets of the ward. It was only the eighth day which to our ideas on this side the Channel seems full early to undertake household duties and the care of a family once more, but in Ireland we know it is usual.

Readers of this journal will remember that the Rotunda has an interesting history, and perhaps call to mind the portrait of Dr. Mosse, the founder of the hospital, and his tragic history. Finding the calls on his private purse more than it would bear, he appealed for public help. His work in founding the hospital was recognised by his appointment as Governor, but within two years he died of a broken heart owing to accusations by his enemies, who accused him of misappropriating the public funds to his own use.

ST. PATRICK'S CATHEDRAL.

St. Patrick's Cathedral is an interesting building, with a history which becomes increasingly so when the Dean is one's guide, for he evidently knows and loves every stone in the Cathedral, and has done much to restore and beautify it. For instance, standing in the Lady Chapel, now dignified and beautiful, he tells how when the late King was made a Knight of the Thistle in the early sixties, the Lady Chapel was used as a robing room, and by order of the Board of Works, the walls were tinted salmon colour and the roof sky blue, a colour scheme which seemed appropriate to the occasion to that public body. It was in St. Patrick's Cathedral that King William returned thanks after his victory at the Battle of the Boyne, and the chair in which he sat on that occasion was shown to us.

There are at least two windows in the Cathedral dedicated to St. Patrick, who is believed to have selected the site. One of them, quite wrongly we were told, depicts him in a Roman mitre; certainly the Celtic mitre which he is depicted wearing in another window seems more correct.

There are a number of memorial tablets and monuments, a fine stone pulpit in memory of Dean Pakenham, and an old pulpit which was in use during Swift's time. The largest monument is one near the south-west entrance, erected in 1631 by Richard Boyle, Earl of Cork, to the memory of his wife and their sixteen children. At this end of the building also are a bust of Swift, tablets to his memory and that of the famous Hester Johnson ("Stella"), with an epitaph by himself (Swift, who died in 1745, is buried in the nave); a bust of John Philpot Curran; a statue of Captain Boyd, R.N., drowned in Kingstown Harbour in 1861; a tablet to Carolan, the last of the Irish bards, and others.

St. Patrick's, which stands on the lowest level of the city, has on various occasions been in danger of an overflow from the river Poddle. Indeed, the Dean related that he has known the nave flooded and has seen the reflection of the roof in the water. Now, however, the ground underneath is drained into the Liffey, and the Poddle is confined by culverts, and gives no more trouble.

THE TABLEAUX AT THE ABBEY THEATRE.

The Tableaux presented at the Abbey Theatre on the evening of June 4th in connection with the Nursing Conference, and organised as the Pageant on the previous night by Miss K. Patton and Miss Macnie, with Mr. James Stewart as stage manager, were beautifully arranged and staged, the grouping being most effective and charming.

His Excellency the Lord Lieutenant was present, as well as a large and distinguished audience, including many Matrons, Sisters and nurses from the Dublin Hospitals, and visitors to the Conference. The first tableau, with its three symbolical groups, was taken from Mrs. Bedford Fenwick's "Pageant of Nursing" and their presentation left nothing to be desired. Those nurses who were present will not soon forget the noble conception of their craft presented to them in these groups. The first, "Hygeia," surrounded by her attendants, "Earth," "Air," "Fire" and "Water"; the second, "The Spirit of Nursing," with her attributes; and the third, "The Science of Nursing," also with the same attributes and supporters, as on the previous evening, "Truth," held aloft her mirror in one hand, extending the other to "Mental Purity" and "Moral Beauty."

The next tableau represented Brigid of Erin, who, with poetic license, was connected with St. Brigid of Kildare. Brigid of Erin (who was represented by Miss Nash) was a goddess, poetess, and seeress, who had two sisters of that name, one the patroness of the healing art, represented by Mrs. D. Wilson, with her attendant nurses, and the other of smith-work (Miss MacCullum, with attendant smiths), the whole formed an impressive group.

Next to appear was Finn MacCool (effectively presented by Dr. Lyons) with his warriors and standard bearers and band of trained nurses, a historic character, whose humanity in making this provision is recorded by Miss Dock in "A History of Nursing." These nurses met the wounded warriors when they were carried out of camp, and took charge of them, so that they were restored to health by the skill of the physicians, and the care of the women, who "built them for battle once more."

The next tableau was a charming representation by Miss Dagg of Miss Florence Nightingale, lamp in hand, in the barrack ward at Scutari. Miss Dagg comprehended finely the austerity, graciousness, and culture of her heroine, and the tableau proved one of the most popular, and was specially referred to by the Lord Lieutenant in his speech to the members of the Conference next day.

Most effective was Miss Reeves' presentation of Mrs. Elizabeth Fry reading to the prisoners in Newgate, who were listening intently to the great humanitarian. The following tableau represented "Two of the Old School," Sairey Gamp and Betsy Prig, at the historic tea-party just before the quarrel about the mythical Mrs. Harris. Mrs. Manning made such an inimitable Sairey that

she was questioned by a small street boy as to what business she had going into Elpis late at night, and Mrs. William Taylor was a splendid Betsy.

St. Elizabeth of Hungary (Mrs. Charles Dickinson) made a tableau of rare beauty. She was depicted descending some steps and carrying a basket of provisions to a poor family under her cloak of royal purple with rose-coloured lining. Her husband the Langrave Louis drawing back the cloak discovers only a basket of red and white roses of Paradise, which have miraculously replaced the food.

"A Cure for Gout," played by Mr. Stamer O'Grady as patient and Miss V. Arnott as Ministering Angel was in lighter vein. The latter was shown removing the black bottle, the contents of which had caused the trouble, but the cure in the hands of the ministering angel is evidently acceptable.

In St. Hilda of Whitby and Caedmon we were once again confronted by the austere, and saw the Saint, who ruled over related monasteries of men and women, fostering the miraculously inspired genius of Caedmon, the Anglo-Saxon poet, who, under her care and guidance wrote metrical paraphrases of the book of Genesis.

The next tableau represented Mr. Luke Fildes' famous picture "The Doctor," the doctor being represented by Dr. MacConnell, the father by Dr. Fisher, the mother by Mrs. Gordon, and the child by Miss Jessica Gordon, and this concluded the series of extreme beauty, which alone were well worth taking the journey to Dublin to see.

Next appeared on the stage one by one some of those who took part in the Pageant at the College of Surgeons on the previous evening, in order to give those present an opportunity of viewing the costumes which were both charming and of great historic interest; and lastly the audience was amused by a one-act play by Miss Alice May Finny entitled "An Irish Stew," a delightful comedy, in which the scene was laid in an Irish Inn, the cast being: Mary Maguire, Miss Elsie Hughes; Tom Rooney, Mr. Henry; Miss Potter, Miss Story; Mrs. Rooney, Miss MacCallum; Mrs. Potter, Miss Norah Stack; Mr. Potter, Mr. O'Leary; and Mervyn Brown, Dr. Fisher.

The beautiful music supplied by Mr. Larchet's Orchestra added much to the evening's enjoyment.

THE GARDEN PARTY AT THE ZOOLOGICAL GARDENS.

One of the pleasant functions arranged by the Irish Nurses' Association for the pleasure of their guests was a Garden Party in the beautiful Zoological Gardens in Phoenix Park on the afternoon of Thursday, June 5th. The Lord-Lieutenant honoured the Conference by being present at this gathering and taking tea with the members, and at His Excellency's desire some of their number were presented to him subsequently,

after which ceremony he addressed the members of the Conference as follows:—

MRS. BEDFORD FENWICK AND LADIES,—

It is with pleasure that I take this opportunity of expressing my cordial and heartfelt good wishes to the members of the Nursing Conference. It is a pleasure and a privilege to offer you a greeting and a welcome, as to friends visiting us who belong to one of the most beneficent callings which has ever blessed mankind. Every one who values the work of the nursing profession desires to offer homage. His Excellency went on to congratulate Miss Huxley and those who had organised the Conference on its success, and especially referred to the tableaux of the previous evening as being admirably devised and carried out. None would ever forget some of these tableaux, their beauty and their pathos, as well as their emotional elements. He especially referred to the "exquisite" picture of Miss Florence Nightingale, and said that one of Lady Aberdeen's most cherished possessions was a letter written to her by Miss Nightingale when she was organising the Victorian Order of Nurses in Canada, the value of which was now recognised throughout the Empire. It was a great disappointment to Lady Aberdeen not to be there, as she was fulfilling an engagement of long-standing and attending a Suffrage Congress in Paris. She had, however, sent him some pages out of THE BRITISH JOURNAL OF NURSING, which had kept him well informed as to the arrangements of the programme. He regretted that the absence of Lady Aberdeen had hindered them from exercising the amount of hospitality which they would have wished to manifest, but if any members had time that afternoon or the following one to visit the Viceregal Lodge they would be very welcome.

Mrs. Bedford Fenwick said, in reply:

MAY IT PLEASE YOUR EXCELLENCY,—

May I be permitted to offer you our heartfelt thanks for your kind words, and the way in which you have received us to-day. I am sure that the members of this Conference would desire to express their regret that Lady Aberdeen's absence in Paris has coincided with the Conference Week, and to ask you to convey to her their appreciation of the interest she has taken in the proceedings.

In the name of the National Council of Trained Nurses, I again offer your Excellency our heartiest thanks for your kindness.

Those who had gathered together to listen to Lord Aberdeen's speech, then dispersed—some to return to the tea-tent; others availed themselves of the Lord Lieutenant's kind invitation to visit the Viceregal Lodge and grounds, and more took advantage of the opportunity to see the Zoological Gardens, which are not only beautiful in themselves, but the collection of animals is very fine. The management are specially noted for their lions, and two baby lions came in for a large share of admiration.

THE BANQUET.

No Conference of Nurses would be complete without a Banquet. With the memory of unforgettable evenings in Berlin, Paris, London, Cologne, each with its distinctive feature, we may well be critical, and somewhat hard to please, but the Dublin Banquet at the Mansion House on the evening of Thursday, June 5th, when the Lord Mayor most kindly lent his private rooms, will long be remembered as having touched the high-water mark of distinction, gaiety and good fellowship, and the dinner itself was of an excellence rare to find.

Miss Huxley, President of the Irish Nurses' Association, was in the chair, supported on her right by Dr. Fitzgerald, President of the Royal College of Physicians of Ireland, and on her left by Sir Charles Ball, Bart. Next to the President of the College of Physicians was Mrs. Bedford Fenwick. Amongst others who were present to testify to the good will existing between the interdependent professions of medicine and nursing were Sir William Smyly, Sir Robert Woods, Dr. Jellett (Master of the Rotunda), Dr. Haughton, Professor Dixon, Dr. E. Taylor, Dr. W. Taylor, Dr. E. H. Tweedy, Dr. Mason, Dr. G. P. Cope, Dr. Henry Stokes, Dr. Henry Wilson, Dr. Kathleen Lynn, Dr. T. Neill, Dr. L. G. Gunn, Dr. Farrer, Dr. J. M. Day, Dr. Doran, Dr. T. E. Gordon, Dr. Pryce Peacock, Dr. McVittie, Dr. Henry Moore, Dr. Euphan Maxwell, Dr. Davson, Dr. Barrie-Lambert, Dr. Wm. Roanree, Dr. F. C. Crawley, Dr. Stevenson, Dr. Drury, Dr. Ashe. The Matrons present included nearly every Dublin Matron, Miss Haughton of Guy's, Miss Musson (Birmingham), Miss Jolley (Liverpool), Miss Barton (London) and many others.

Throughout the evening Mr. Clarke Barry's Instrumental Quartette played most delightfully, and Dr. W. S. Haughton's songs "On Lido Waters" and "The Snowy-breasted Girl" were a rare treat. At the close of the dinner, before the toasts, beautiful flowers arrived from the Conference Hospitality Committee, for Miss Huxley a gorgeous basket of crimson carnations tied with crimson ribbon, for Mrs. Bedford Fenwick a basket of pink carnations, tied with Patrick's blue, and for Miss Carson Rae the sweetest of sweet peas and thistle. It was a graceful and charming thought, but as the donors kept their identity concealed no thanks could be offered.

The toast of the King having been duly honoured Miss Butler, Vice-President of the Irish Nurses' Association, in the happiest of speeches proposed "The Visitors," who, she said had come from far and near, and many of whom were distinguished persons and shining lights in the world of nursing. It was not only a pleasure, but a great privilege to propose this toast. She hoped that though this dinner was the first it was only the forerunner of many such pleasant gatherings. She hoped

her words would make up in warmth what they lacked in eloquence.

The toast was honoured with enthusiasm to the refrain "To our next merry meeting. Hip Hip, Hooray."

Mrs. Bedford Fenwick, President of the National Council of Trained Nurses, who responded, said that during the short time its members had been in Ireland they had been royally received. The Reception in the Hall of the Royal College of Surgeons, and the kindness of the Royal College of Physicians in placing their Hall at the disposal of the Conference for its meeting had been deeply appreciated compliments, and a courtesy which went far to make the Conference the success it had been. Such an attitude was the greatest incentive nurses could have to attain to the highest deals in their aim for the benefit of the national health. The Master of the Rotunda and the Matron had also received the members at that world-famed hospital.

Then the Pageant Committee and the Tableaux showed that there were two sides to nursing, and she was specially delighted and charmed at the way in which the tableaux taken from her Pageant of Nursing had been adapted and carried out with so much dramatic and artistic talent.

The King's representative, Lord Aberdeen, had also received the members of the Council in the most generous and kind manner.

The banquet that night ended the Conference, and thanks to the organising ability of the President, Miss Carson Rae, Miss Hughes, and many other willing workers there had not been one hitch. On behalf of the National Council of Trained Nurses she wished to convey to the Irish Nurses' Association its warmest thanks. The suggestion that they should return at some future time had been most gratifying, and they hoped to see their Irish friends again.

THE MEDICAL PROFESSION IN IRELAND.

In proposing the toast of the Medical Profession coupled with the name of Dr. Fitzgerald, President of the Royal College of Physicians, Miss Haughton, Matron of Guy's Hospital, London, said that nurses had been much gratified that the Presidents of both Colleges had appreciated the fact that the Nursing Conference was arranged for the discussion of matters of great importance. With their thanks they coupled their congratulations to the two Irishmen lately honoured by the King, Sir Andrew Horne and Sir Robert Woods, and raised their glasses to the medical profession in Ireland.

The President of the Royal College of Physicians said that he felt very flattered at being asked to respond to the toast. He referred to nursing as an auxiliary branch of the medical profession. Where, he asked, would the physician and surgeon be if deprived of the aid of the trained nurse. On her devolved grave responsibility in carrying out the directions of the medical practitioner,

in dangerous illness and after grave operations she had to meet emergencies in which life trembled in the balance. On her report the medical man largely depended for his knowledge of the condition of the patient and the prognosis of the case. "Does the general public realise that," he asked. "I trow not." They failed to apprehend the awful beauty of self-sacrifice, and the general public and the medical profession stood as debtors to nurses, and on behalf of the medical profession he tendered them warmest thanks for the loyal and invaluable services which they rendered.

The trained nurse was too often overworked and underpaid. He understood that the National Council of Trained Nurses was formed for the purpose of looking after the interests of the nurses and improving their conditions, and these aims had his warmest approval.

THE CHAIRMAN.

Miss Musson, Matron of the Birmingham General Hospital, said she could not have a greater privilege than the duty assigned to her. She was proud to know that Miss Huxley and she had the same Alma Mater. Words failed her when she tried to sum up her qualities—honourable, strong, everything one could wish to be, and the President of all others that members coming from all parts of the kingdom would wish to have. It was typical of the thought of the people of Ireland that they went out of their way to make things pleasant for other people. Miss Huxley certainly had that faculty. She had very great pleasure in proposing the toast of the Chairman. The toast was enthusiastically honoured.

Miss Huxley, who on rising to reply received an ovation, said:—

Ladies and Gentlemen, I rise to thank you for the very kind manner in which you have responded to Miss Musson's gracious words. For the first time in my life I wish I could be eloquent so that I might respond in golden words on this occasion, but being a "doer" and not a "sayer" I must only ask your indulgence, and assure you of my gratitude for your kindness. I cannot let this occasion pass without expressing our hearty thanks to the Lord Mayor of Dublin for the graceful act of courtesy which placed these beautiful rooms at our disposal to-night. It has been a source of gratification, to us all to find so many people ready to lend a helping hand in planning our first national conference, and making us feel so welcome in Dublin. To each and all we offer our sincere gratitude.

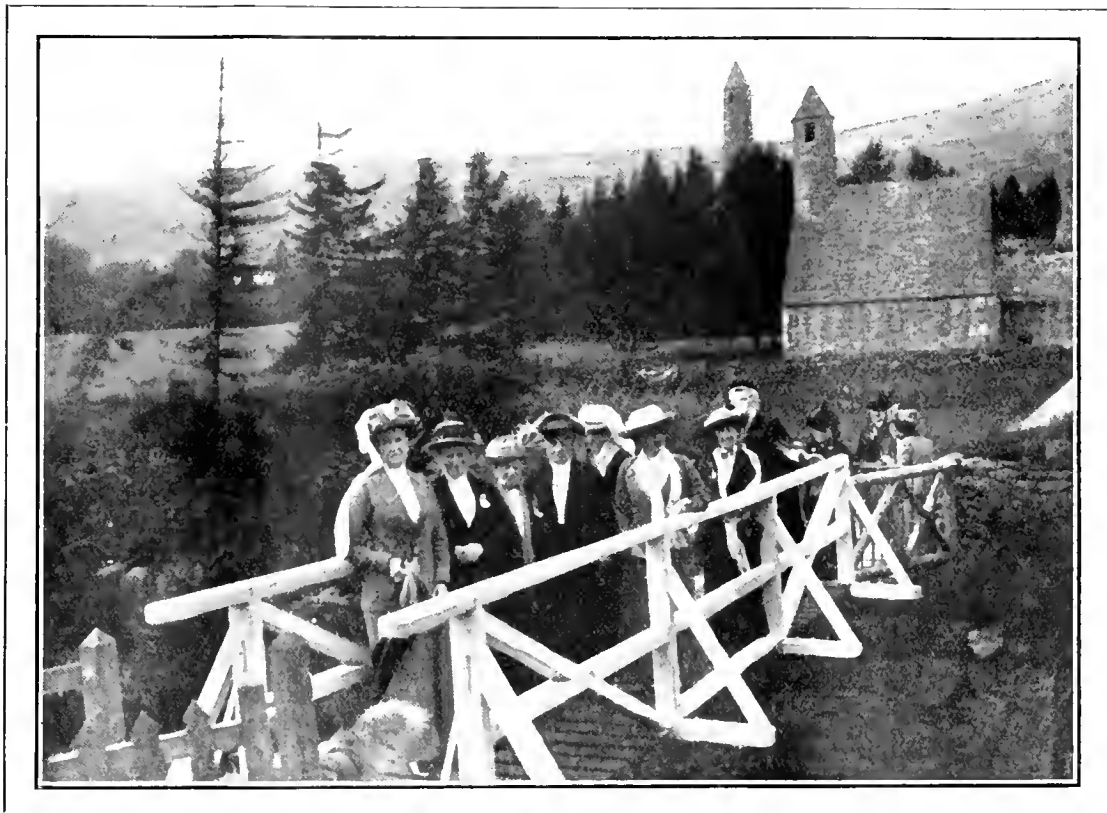
All good things come to an end at last, but not till all present had joined hands and sung "Auld Lang Syne" was the gay, happy, altogether delightful dinner arranged by the Irish Nurses' Association over.

One of the things which nurses will most value is the charming appreciation of their work so generously given by the President of the College of Physicians.

GLENDALOUGH.

It was a happy party (72 in number) which at the close of the Conference on Friday, June 6th, mounted three huge brakes and set off for a day's outing into the heart of the Co. Wicklow, the destination being Glendalough, the valley of the two lakes and the seven churches, with which is bound up the history of St. Kevin—St. Kevin who took the cowl at the age of twenty, and living to one hundred and twenty, ruled the valley for one hundred years. Tradition has it that he fled there in the first instance because he was beloved by a maiden for seven years and feared to succumb

undulating moorland on either side, and the gorse rolling itself out before us a sheet of golden glory. Arrived at Glendalough, luncheon was served in the hotel, and then we all took our separate ways. The writer set her affections on an outside car, drawn by a game little animal answering to the name of Fanny. Fanny trundled us along to the lake, through country which was a dream of loveliness, and incidentally we considerably enlarged our knowledge of St. Kevin, and also of Finn MacColl. It appears the Finn MacColl, whose height was somewhere about 120 ft., was in love with a lady of the valley, who refused him because



ST. KEVIN'S KITCHEN, GLENDALOUGH.—MEMBERS OF NURSING CONFERENCE.

Mrs. Major, Mrs. Manning, Miss A. Towers, Miss Macdonnell, R.R.C., Mrs. Gordon, Miss Towers, —, Miss Johnston.

to her charms, but maidens 1,500 years ago were much then as now. So Kathleen, to her undoing, traced him to his valley with the help of a little dog, and he awoke one morning to find her bending over him. Alas poor Kathleen! Having no use for her he summarily disposed of her by dropping her into the lake, a way of settling the question which seems to find favour locally, as shall be told in due season.

So we started for St. Kevin's valley, having lovely glimpses of the sea, and the Wicklow mountains, and later getting into the heart of those same hills, with exquisite stretches of

she preferred someone a size smaller, so to relieve his feelings he took his axe and hewed a gap through the solid rock. We suggested that was preferable to venting his feelings on the girl, to be asked in astonishment, "Did ye ever know an Irishman hurt a woman?" We mentioned St. Kevin, to be told reproachfully that "St. Kevin was a saint, and seven years was a long time."

Just then we suggested to our driver that Fanny's harness apparently needed attention as her crupper was nearer her left ear than her tail "Ah!" he said, composedly, "I was in a hurry

when I started, and I hadn't time to settle it. I'll settle it now. Fanny's very quiet."

St. Kevin's Kitchen, as shown in our picture, with an equally interesting round tower in the background, is not a kitchen in fact, but a church, many hundred years old, containing some interesting examples of sculptured stones and crosses, discovered and put there by the Board of Works. One cross with characteristic Irish carving at the back, which has no beginning and no end (like eternity, remarked our guide) was specially beautiful.

It was with difficulty that we tore ourselves away from this valley of natural loveliness, romance, and poetic charm, with its legends of deep religious fervour; and Fanny, tail in crupper this time, trotted us back again to the world, for the hotel is the world. Everything is relative, and one might not think so in London perhaps.

THE ROYAL NATIONAL HOSPITAL FOR CONSUMPTION, Co. WICKLOW.

It was a happy chance that set Newcastle on the road on the way home from Glendalough, thereby making it possible to visit the Royal National Hospital for Consumption, where the Conference guests were most cordially received by the Matron, Miss Jessie Powell, the Hon. Secretary, Mr. J. R. Orpen, and the medical officers. As the three great brakes drove up to the door the crowd of patients cheered so lustily as to warrant the hope that the healing air of Newcastle was having a beneficent action upon damaged lungs.

By the kindness of the Board of Governors and the Ladies' Committee, tea was most hospitably provided, and greatly appreciated—as the afternoon



THE ROYAL NATIONAL HOSPITAL FOR CONSUMPTION, NEWCASTLE, Co. WICKLOW.

but go to Glendalough and you will find out that, if you take a walk of about ten minutes in length from the hotel you are in an altogether different Ireland, "mystic, wonderful." When we go back to Ireland at some future date—may it be soon—Glendalough will certainly have a foremost place in our itinerary.

Tradition tells of St. Kevin that "On the northern shore his dwelling was a hollow tree; on the southern he dwelt in a very narrow cave, to which there was no access except by a boat, for a perpendicular rock of great height overhangs it from above. Soon the peasants discovered the holy man, brought him simple foods, spread his fame abroad, and crowds came to visit him. They built him a little cell and an oratory. But disciples came in so fast that, at the bidding of an angel, he erected the monastery of the valley of the two lakes, which was the parent of many others."

had become somewhat chilly—were the relays of hot cakes which appeared as if by magic as fast as others disappeared. Soon little parties of visitors under the guidance of a Sister, or a nurse, made a tour of inspection of the building, which was in beautiful order. All the wards had windows opening wide on to sunny verandahs, with lovely views over the Wicklow mountains, while, in the garden, beds were set in tents and shelters with the sweet fresh air blowing in on all sides.

Before the members of the Conference left the hospital a group of the Matron and visitors was photographed, which should serve as a reminder of a most pleasant visit.

Mr. Orpen then addressed the visitors, welcoming them in the name of the Board, and saying that he was glad they should have an opportunity of seeing the institution which the Board determined should be second to none in regard to the appli-

ances available. He further said that if the hospital struck the members of the Council as being in order, that its order and cleanliness were not due to any special effort, but were its normal condition.

Mrs. Bedford Fenwick, in the name of the National Council of Trained Nurses, thanked Mr. Orpen for his speech and asked him to convey its thanks to the Governors, the Staff, and the Ladies' Committee for their kindness and hospitality. She could say for all the visitors that they had found the hospital extremely interesting, and regarded it as a great privilege to have had the opportunity of seeing it.

It was now recognised that in dealing with tuberculosis preventive and curative work played an important part, and in this work district nurses had great opportunities of usefulness. In regard to hospital work, she was sure that a model was set at Newcastle.

The same afternoon Mrs. William Taylor provided a sumptuous tea at Killiney for members of the Conference, and Dr. Taylor kindly motored out some of the guests from town.

And beyond the boundaries of the United Kingdom the stir of the Conference was felt, for from India Miss M. E. Macdonnell, formerly Secretary of the Irish Nurses' Association, wrote wishing it every success, and sending to three of her Dublin friends lovely pieces of delicate lace with the hope that they would use it during the Conference week.

THE PUBLIC AND PRIVATE NURSES.

Lady Helen Munro Ferguson, in a letter to the *Spectator*, pertinently replies to a statement made by the Matron of the London Hospital that "the best way for the public to make sure of obtaining good private nurses is to apply direct to the hospital which trains them . . ." Lady Helen points out:—

"It no doubt would be excellent for hospitals with private staffs, if the public could be induced to believe that only by adopting Miss Lückes's suggestion could they obtain reliable nurses, for such hospitals make considerable profits—often running into several thousands—from their private nursing staffs; but it would be scarcely fair to the profession if they could only obtain employment through a middleman who retained the greater part of their profits; nor does it seem quite right that our large voluntary hospitals should be partially maintained by the earnings of one class of underpaid working women. The advantage to the public of such a system is also questionable. The private nursing staffs of hospitals are composed of women whose experience is limited to the wards of their own training school, and many of them have only just completed their training of three years, or, in the case of the London, of two years in the wards."

OUR PRIZE COMPETITION.

WHAT IS GASTRITIS? HOW IS IT USUALLY TREATED?

We have pleasure in awarding the prize this week to Miss H. Scott, Eastern Hospital, Homerton, N.E.

PRIZE PAPER.

Gastritis is an inflammation of the stomach, causing acute gastric catarrh, and is a most common complaint, occurring at all ages, and is usually traceable to error in diet. It may follow the ingestion of more food than the stomach can digest, or it may be the result of taking unsuitable materials, which either irritate the mucous membrane, or, remaining undigested, decompose, and so excite an acute dyspepsia. A frequent cause is the taking of food which has begun to decompose, particularly in hot weather. Another common cause is the abuse of alcohol, and the acute gastritis which follows is one of the most typical forms of the disease. The mucous membrane of the stomach becomes red and swollen, less gastric juice is secreted, and mucus covers the surface. Symptoms in mild cases are those of slight indigestion. The patient complains of an uncomfortable feeling in the abdomen, headache, depression, nausea, eructation, and vomiting, which usually relieve him. The tongue is coated and saliva increased. Children usually have intestinal symptoms, diarrhoea and colicky pains. There is usually no fever. The duration is about twenty-four hours.

In the severer forms the attack may commence with a chill, the temperature rising to 102°—103°, the tongue is furred, the breath heavy, and vomiting frequent. The ejected substance is at first mixed with food, subsequently contains much mucus and bile-stained fluids. There may be constipation, but very often diarrhoea. The urine presents the usual febrile characteristics, and there is a deposit of urates. The abdomen is sometimes distended and slightly tender in the epigastric region. Herpes may appear on the lips.

Treatment.—Mild cases usually require no special treatment. Careful attention to diet, and keeping the bowels open daily, are the two chief things, if not naturally by a mild aperient: mag. sulph. ʒi a.m. Ol Ricini in small doses is usually given to children.

In the severer forms absolute rest in bed for a time is most essential. If there is much distress in the region of the stomach, vomiting may be promoted by warm water, a simple emetic. A calomel powder is sometimes

ordered, and followed the next morning by a dose of Hunyadi Janos or Carlsbad water. If there is eructation of acid fluids, bicarbonate of soda and bismuth are often given. The stomach should have, if possible, absolute rest for a day or two, and for the first week fluids only. Milk diluted with soda water, or peptonized, in two-hourly feeds, gradually returning to light nourishing diet. Bengel's, milk puddings, fish, and white meats, avoiding all articles that tend to disturb the digestive powers, especially tea, except in a very weak form. Repeated attacks may lead to sub-acute gastritis or chronic dyspepsia. Finally, the digestive powers of the stomach would be ascertained by a "test-meal," and is of great value in the diagnosis of gastric cases. The patient, after a night's fast, is given what is termed a test-breakfast, which consists of a cup of tea and a slice of dry toast, and the contents of the stomach are withdrawn in an hour and a half and tested, and the result determines the condition of the gastric tract. The bismuth meal is also used as an aid to diagnosis. The bismuth is usually given to a fasting patient in milk pudding, to disguise the taste. The patient is then skiagraphed from one to two hours afterwards, when any stricture or malformation of the stomach will be apparent on the screen, because bismuth is impervious to the rays. If a stomach wash out is ordered, it must be given with a long tube and funnel. No lubricant is necessary: if the tube is dipped in warm water, it will then pass quite easily, and all results must be saved for inspection. Toxic gastritis is the most severe form of inflammation, and is caused by the swallowing of poisons.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss J. G. Gilchrist, Miss S. Crisp, Miss A. Phipps, Miss M. O'Brien, Miss F. Macdougall, Miss K. Robinson.

Miss Amy Phipps writes:—

As recovery progresses, food must be given very carefully and gradually, to avoid any recurrence of the attack; any reappearance of symptoms, however slight, should be noticed. There is always present the danger of the peritoneum being involved, resulting in general peritonitis; or the intestines may be attacked, with consequent enteritis.

Any symptoms, therefore, suddenly arising, should be reported at once to the doctor, that complications may be dealt with at the onset.

QUESTION FOR NEXT WEEK.

What is a Rest Cure? Describe it.

CONFERENCE ON NURSING.

The President of the Local Government Board has convened a Conference, to be held on Saturday, 14th inst., at the Local Government Board Office, at 11 a.m., of representatives of district nursing associations, religious bodies, Government departments, boards of guardians, and others interested in district nursing. The object of the Conference is to consider the present position of district nursing in London, and the possibility of securing further efficiency by the co-ordination of existing agencies.

THE COLONIAL NURSING ASSOCIATION.

The work of the Colonial Nursing Association is of far-reaching importance, and its annual meeting is therefore a notable event.

This year it was held on Tuesday, June 10th, at the Royal Colonial Institute, and Princess Henry of Battenberg, President of the Association, was present.

Lord Ampthill, who presided, said that the work of the Association was truly public and Imperial. Few efforts could be more effective in cementing the bonds of Empire than the work of the Association which was founded on sympathy, that was accorded at a time when it was most needed and valued. The nurses went out to the assistance of those who were pioneers of the Empire, and nothing less than the best should be sent to them to prove to them that they were remembered by their kinsfolk at home. Lord Ampthill pleaded for further financial support, and said that last year the expenditure was in excess of their income.

The work of the Colonial Nursing Association is so important, the interests which it touches so influential, and its demands so modest that we hope there will be a wide response to this appeal.

Lord Emmott, on behalf of the Colonial Office, voiced its appreciation of the work of the Association, and wished it God-speed. He stated that the 298 nurses employed through the Association brought comfort and relief to thousands, and mentioned the devotion of a nurse in Nyasaland who, in order to reach quickly a young officer down with fever, made forced marches with three natives only.

Sir Henry McCallum, a former Governor of Ceylon, spoke of the value of efficient nursing in the tropics.

Sir Charles Lucas, who moved the re-election of the Council, said that those who once employed the nurses generally ended by sending a subscription. Thus the work of the nurse was like a stone cast into the water.

THE LOCAL GOVERNMENT BOARD FOR SCOTLAND.

EXAMINATION OF NURSES.

On May 13th and subsequent days the Local Government Board for Scotland held an examination for the certification of trained sick nurses and of trained fever nurses. The examination was held at Glasgow, Edinburgh, Dundee and Aberdeen. The examiners were Professor Matthew Hay, Aberdeen; Dr. D. J. Mackintosh, Western Infirmary, Glasgow; Dr. Brownlee, Ruchill Hospital, Glasgow; and Dr. Johnston, Eastern District Hospital, Glasgow, who were assisted in the practical part of the examination by Miss Gregory Smith, Matron of the Western Infirmary, Glasgow, and by Miss Thomas, Matron of the City Hospital, Edinburgh.

The subjects of examination were Elementary Anatomy and Physiology, Hygiene and Dietetics, Medical and Surgical Nursing, Midwifery (for Poor Law and General trained nurses only), and Infectious Diseases (for Fever trained nurses only). In all, 364 candidates presented themselves for examination. Of these, 189 were examined in Anatomy and Physiology, 157 in Hygiene and Dietetics, 30 in Medical and Surgical Nursing (for Poor Law and General trained nurses), 82 in Medical and Surgical Nursing (for Fever trained nurses), 74 in Midwifery, and 79 in Infectious Diseases.

In *Anatomy and Physiology* 30 nurses obtained distinction, 115 obtained a simple pass, and 44 failed.

In *Hygiene and Dietetics* 21 nurses obtained distinction, 124 obtained a simple pass, and 12 failed.

In *Medical and Surgical Nursing* (for Poor Law and General trained nurses) 4 nurses obtained distinction, 25 obtained a simple pass, and 1 failed.

In *Medical and Surgical Nursing* (for Fever trained nurses) 1 nurse obtained distinction, 80 obtained a simple pass, and 1 failed.

In *Midwifery* 1 nurse obtained distinction, 69 obtained a simple pass, and 4 failed.

In *Infectious Diseases* 12 nurses obtained distinction, 65 obtained a simple pass, and 2 failed.

The following candidates have now completed the examination, and are entitled to the certificate of efficiency granted by the Local Government Board:—

1. *Certificate in General Training*.—Daisy Bell, Jeanie F. Bell, Jessie Catto, Grace G. Coltart, Georgina Crosbie, Janet Falconer, Agnes Horgan, Elizabeth Innes, Helen K. Keaghey, Isabella S. Kellock, Christina M. F. Kemp, Agnes Low, Margaret N. Lumsden, Isabella Miller, Jessie MacBride, Mary McCorvie, Agnes Macdougall, Katherine MacEachen, Margaret C. Robertson, Margaret A. W. Rodger, Catherine Ross, Elizabeth R. Shaw, Flora M. Shearer, Thomasina Sim,

Jessie Taylor, Helen B. Doull, Emily S. Shewan, Leila H. A. Thomson, Jessie I. Gallacher.

2. *Certificate in Fever Training*.—Stewart Agnew, Helen S. Auld, Mary T. Barclay, Annie Brown, Helen Burnett, Jean C. Burnside, Jean A. Cairns, Jenny C. Campbell, Agnes Chalmers, Margaret G. Clark, Helen H. Cran, Jeannie Duncan, Bella Farquhar, Caroline Farquharson, Grace B. Ferguson, Elizabeth K. Fithie, Ellaline S. Flette, Lizzie Forbes, Mary Fowler, Jessie C. Fraser, Margaret Friock, Margaret D. G. Gillespie, Jessie S. Glass, Nellie G. Gray, Maria A. Jamieson, Elizabeth D. F. Johnston, Marion L. Kay, Effie P. Laing, Christina J. Maitland, Helen B. Miller, Louisa C. Miller, Margaret H. Morrison, Elizabeth F. Murdoch, Rosa J. C. Murray, Marion J. McAllister, Margaret D. McCorkindale, Henrietta M. McDavid, Mary A. MacDonald, Agnes B. McPhail, Wilhelmina G. Park, Helen C. Paul, Jane M. Provan, Catherine Robertson, Mary F. B. H. A. Robertson, Paro V. Rodriguez, Margaret Rosie, Margaret Ross, Janey B. Scott, Margaret A. Smith, Williamina Tanner, Jessie Thomson, Frances L. Totten, Amelia A. Watt, Margaret Watt, Donalda M. Whyte, Agnes Wilson, Elizabeth Wilson, Jean L. G. Wilson, Mary A. Baird, Sousannah J. Boyack, Jean M. Currie, Rose E. Fairweather, Elizabeth H. Gordon, Jean B. Gunn, Clara E. Johnston, Ruth E. Mains, Catherine T. Milligan, Jessie Moffat, Jean C. Nisbet, Frances Rankin, Maggie A. Robertson, Eva Rodger, Anne L. Ross, Annie M. Smith, Lily A. West, Isabella Whyte, Margaret N. Milne.

APPOINTMENTS.

MATRON.

Swithland Convalescent Home for Women, Woodhouse Eaves, near Loughborough.—Miss Mary Braye has been appointed Matron. She was trained at the Royal Infirmary, Leicester, and held the position of Night Superintendent there. She has also been Matron of the Cottage Hospital, Mount Sorrel.

Yeovil and District Hospital, Yeovil.—Miss Eleanor Rayner has been appointed Matron. She was trained at the London Hospital, and has been Matron of the Trowbridge Hospital, and of the London Hospital Convalescent Home, Assistant Matron of the York Home for Nurses, Monkgate, York, and Matron of the Broseley Hospital, Shropshire.

ASSISTANT MATRON.

Union Infirmary, Newcastle-on-Tyne.—Miss Annabella Baron has been appointed Assistant Matron. She was trained at the Brentford Union Infirmary, Isleworth, and the Newcastle Maternity Hospital, and has held the positions of Sister and Night Superintendent at the former institution. She is a certified midwife and certificated masseuse.

SISTER.

Richmond, Whitworth and Hardwicke Hospitals, Dublin.—Miss Kathleen O'Connell has been

appointed Sister. She was trained in the same institution and has held the position of Sister there. She has also been Sister at the Lady Forrester Trust Hospital, Much Wenlock, Shropshire, and Matron of the Maryborough Sanatorium.

HEALTH VISITOR.

Somerset County Council, Weston-super-Mare.—Miss Elizabeth Owen has been appointed Health Visitor. She was trained at the Camberwell Infirmary, and has been Head Nurse at the Carnarvon Union Infirmary, and has also worked at the Royal Chest Hospital, City Road, E.C.

ROYAL RED CROSS.

The King has been graciously pleased to confer the Decoration of the Royal Red Cross upon:—Miss Beatrice Isabel Jones, Matron, Queen Alexandra's Imperial Military Nursing Service.

WEDDING BELLS.

On Wednesday in last week a very pretty wedding took place in the chapel of the Royal Alexandra Infirmary, Paisley, the bride and bridegroom being Miss Alberta Brooke Jordan, Senior Sister in the Institution, and Dr. Robert McCowan Hill, a former House Surgeon.

PRIZES.

The presentation of prizes to successful nurses by Lady Beaumont took place last week at the Royal Infirmary, Leicester, at which Sir Edward Wood presided, and the Mayor and Mayoress (Councillor and Mrs. McCall) were present. Sir Edward Wood, in opening the proceedings, explained that the main prize was a gold medal. It was the second year it had been given, and he was glad to know it was the means of stimulating to nurses in their work.

The Matron, Miss Vincent, read the report of the examiner, Miss P. A. Blake, late of St. Thomas' Hospital, London, Matron of Hereford General Hospital, which stated that the average work was excellent. Mr. Blakesley reported that the surgical section has done exceedingly well, and Dr. Crosby expressed surprise at the excellence of the papers in anatomy and physiology received from the second year nurses. The educational work of the nurses was quite a big thing, for which the Infirmary held a high reputation in the nursing world. Dr. Sevistre was medical examiner.

The prize-winners were as follows:—*Gold Medal*, Nurse A. E. Hone. *Second Year Prizes*, Nurse M. D. Hunter and Nurse E. Horton. *First Year Prize*, Nurse E. N. Shaw. *Final Examination Certificates*, Nurses A. E. Hone (three first class), C. A. Bates (two first and one second class), L. May (one first and two thirds), J. E. Soisby (two first and one third), E. B. Ford (two seconds and one third), A. M. Davies (three second class), S. C. Wilkinson (one first and two thirds), E. A. Denton (one second and two thirds), D. A. Willey (one second and two thirds), M. Z. Browitt (three thirds).

NURSING ECHOES.

The Workhouse Nursing Association, of which H.R.H. Princess Christian is the President, recently submitted an important memorandum to the Poor Law Orders Committee, suggesting amendments to several of the provisions of the Poor Law Institutions draft Order now under the consideration of the Committee, which in the opinion of the Association would, if adopted, be retrograde rather than progressive, as regards nursing administration in rural workhouse infirmaries and sick wards.

On the 4th instant, the Hon. Mrs. John Talbot, a Vice-President of the Association and Chairman of the Executive Committee, together with Miss Gibson (late Matron of Birmingham Infirmary), Mr. Henry Dixon Kimber (the Hon. Legal Adviser to the Association), and Miss R. V. Gill (the Secretary), had a long interview with the Poor Law Orders Committee, as representatives of the Association, in order to emphasise and explain more fully the views of the Workhouse Nursing Association on the seriousness of their objections to several matters to which attention had been drawn in the memorandum, and to urge the importance of giving effect to certain alterations in the proposed Order which were recommended by the Association.

We are asked to state that the total number of Sisters, Nurses, and probationers on the staff of the Ranyard Nurses is 90. The newly opened Dispensary in the Borough of Deptford to which a Ranyard Nurse has been appointed is a Tuberculosis Dispensary. It was the first Municipal Dispensary of the kind in London and promises to be exceedingly useful.

A Meeting of the National Union of Trained Nurses was held in Lewes recently, with the object of forming a Branch of the Union in Lewes, Miss Thurstan, Central Secretary, addressed the Meeting and explained the aims and methods of the Union in a comprehensive and interesting manner. Miss Butler (Superintendent S.C.N.A.), who occupied the Chair, spoke on the possibility of a Branch for Lewes which would lay the foundation of the Union in Sussex. On a resolution being put to the meeting it was unanimously decided that a Branch of the N.U.T.N. be formed to forward the interests of Nursing in the County. All those present were enrolled and a Committee was elected. As this is the only Branch of the Union in the County it is confidently expected that the Membership will speedily increase until

offshoots can be started in different centres. Any applications will be gladly received by the Branch Secretary, Miss Farrant, 14, Bradford Road, Lewes.

The Summer Meeting of the Scottish Matrons' Association took place on Saturday, May 31st, in the Stirling District Asylum, Larbert.

There was a good attendance. Before the business began, Dr. Campbell, Medical Superintendent, very kindly welcomed the members, and, in the course of a few remarks regarding present-day conditions in Mental Hospitals, paid a very high tribute to the valuable work of the Matrons of these Institutions, and its effect in bringing about the improved state of things.

Three new members were admitted, and two honorary members were elected.

The appointment of an Acting Secretary was agreed to, owing to the increase of work consequent on the growth of the Association.

A representative member was chosen to attend the Conference of the National Union of Women Workers, in Hull, in October.

A vote of thanks to Miss M'Gregor, the Matron, for her kind hospitality, concluded the Meeting. Tea was served, and afterwards the members were shown over the various departments of the Asylum.

The School of Nursing at the Winnipeg General Hospital affords the opportunity of a very attractive career to those who desire to nurse in the Dominion of Canada, and just now, owing to a large increase in the beds of the hospital, a number of new probationers are being taken on. The course is for three years, and includes a modified preliminary training of two months in the six months' probationary term, during which time the pupils are under the direct supervision of the Instructor of Nurses, and from the first are taught the correct method of elementary nursing. A graduate dietitian, who is on the teaching staff, is in charge of the ordering and serving of food throughout the hospital, and during the first year lectures are given to the probationers in food values, digestion, absorption, and diet in various diseases, as well as practical demonstrations in the preparation and serving of food. Demonstrations and classes in massage are held during the intermediate year, and there is plenty of opportunity for practice in this branch. The syllabus for the third year includes, in addition to medical and surgical nursing, obstetrical nursing, anæsthetics, and contagious and infectious diseases—a comprehensive programme.

OUTSIDE THE GATES.

WOMEN.

Amongst the Birthday Honours the King has been pleased to make the following awards of the "Kaisar-i-Hind Medal for Public Service in India" of the First Class:—Lady Dane, wife of Sir Louis Dane, G.C.I.E., C.S.I., retiring Lieutenant Governor of the Punjab. Lady Benson, wife of Sir Ralph Benson, Kt., Judge of the High Court, Madras. The Hon. Christina Philippa Agnes Spence, wife of Major A. H. O. Spence, Assistant Secretary, Army Department.

Immediately after her husband's death, fifteen years ago, Mrs. Alec. Tweedie went off to Finland to write a book. "Through Finland in Carts" was her first "professional" venture, and a very successful one. Edition succeeded edition in England and America. Its lasting popularity has inspired the author to bring it thoroughly up-to-date, and add a new political appendix of present-day events in Finland, and on the position of women there both in and out of politics. Several women are Members of Parliament in Finland. This new volume is published by Thomas Nelson, at one shilling. "Mexico as I Saw It," by the same author, has sold in tens of thousands in the same series; and "Thirteen Years of a Busy Woman's Life," which appeared in October last, is now going into a fifth edition.

COMING EVENTS.

June 13th.—Duke and Duchess of Devonshire entertain Queen's Nurses at Devonshire House, London.

June 19th.—Monthly Meeting, Central Midwives Board, Caxton House, Tothill Street, S.W. 3.30 p.m.

June 24th.—American Fair, in aid of the Funds of the Women's Local Government Society, Kensington Town Hall. 3 to 9 p.m.

June 24th.—Conference convened by the Penal Reform League. The Hon. Secretary will open a discussion on "Women Prisoners for Arrest to Rehabilitation." Chairman, the Rev. W. F. Cobb, D.D. 11, Chelsea Embankment. 3.30 p.m.

June 30th and July 1st.—Conference on Diet, Cookery, and Hygiene, in Public Elementary Schools, and Public and Philanthropic Institutions, for Children and Adolescents, Guildhall, London. 10.30 a.m. to 5.15 p.m.

A WORD FOR THE WEEK.

In this world the one thing supremely worth having is the opportunity, coupled with the capacity, to do well and worthily a piece of work, the doing of which is of vital consequence to the welfare of manhood.—THEODORE ROOSEVELT.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

THE HISTORY OF NURSING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I shall be glad if you will publish this letter in THE BRITISH JOURNAL OF NURSING.

Yours faithfully,

M. A. NUTTING.

To the Editor of *The Hospital*,
29, Southampton Street, Strand,
London, England.

DEAR SIR.—My attention has been called to a review of the "History of Nursing," volumes III and IV, published in your issue of March 8th. This review appears to me to be not only markedly unfair and misleading, but to have been written in a deeply hostile spirit and solely for the purpose of discrediting the "History." I therefore deem it my duty to try to correct as far as I am able some at least of the mistaken impressions which the review might leave in the minds of your readers.

Your reviewer intimates that the history has been written by a "small clique" . . . who have collaborated in "mutual laudation," and in "depreciation of all opponents." He calls it a "farrago of prejudice masquerading as history" and adds the grave accusation that its "misrepresentations of facts alone are sufficient to condemn it." Let me reply in the interests of truth and accuracy that the history has not been written as your reviewer intimates by a "small clique," but by a very large number of women in various countries, nurses who have helped to make the history of nursing and can speak from an intimate and full knowledge of the work and events in which they have participated.

To whom, pray, would you turn for accurate information concerning nursing but to those nurses whose ability and devotion to their calling has led them to study its problems for the purpose of improving it and rendering it more efficient? And so far from being "animated by prejudice," the attitude of the writers from various countries seems on the whole moderate and restrained. Doubtless unpalatable truths are presented. It would be difficult indeed to write any true History of Nursing during the past quarter of a century, at least, which would form pleasant reading for those, who in hospitals or out of them, have been concerned with that enterprise which we can only truthfully call the exploitation of nurses. The historian of the future who will have access to the facts will probably have to present a still less pleasant picture. In questioning the veracity of the various authors, your reviewer should be specific in his statements, and thus enable the authors to reply to him.

As my name appears in the review, the opportunity is given which I gladly use, to state that I believe volumes III and IV are history in a much truer sense than the first two volumes, since in the latter, access has been had to first-hand sources. And in this connection let me add that my share in the production of these first volumes is entirely insignificant compared with that contributed by Miss Dock. The history would never have appeared at all had it not been for the generous and liberal way in which Miss Dock took hold of the plan and worked it out, devoting her full time for nearly two years to the task, and bringing to it a great amount of careful research and study, and that freshness, spontaneity and originality which has characterised all of her writings. There is no literary value in the book except that which has been contributed by Miss Dock.

Let me further say that I would have highly valued the honour of being associated with Miss Dock in the production of the last two volumes. The idea of these volumes is entirely hers, the work in securing, arranging and editing the material is hers, that of preparing it for publication is all hers, and the proceeds which come from these books she has, with characteristic generosity, presented to the International Council of Nurses. To many of us the only real defect of the last volumes is the omission of any reference whatever to the large, important and uniquely valuable share which Miss Dock has had in the development of nursing in this country. It is doubtful to my mind if any one of our number has rendered greater service than she has rendered and for the benefit of future generations of nurses this lack in the history should in some way be supplied.

I shall be indebted to you if you will kindly publish this in an early issue of your Journal and would say that I am also sending a copy to THE BRITISH JOURNAL OF NURSING.

Believe me,

Faithfully yours,

M. A. NUTTING.

[Miss Nutting does *The Hospital* newspaper too much honour in replying to its hostile criticisms of Miss Dock's monumental work but the deference could not be in better hands.—ED.]

OUR PRIZE COMPETITIONS.

June 21st.—What is a Rest Cure? Describe it.

June 28th.—What are the complications to be watched for during the puerperal period?

NOTICES.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

The Midwife.

THE TRAINING OF MIDWIVES.*

By MISS RAMSDEN,

Matron of the Rotunda Hospital, Dublin.

The training of midwives is a subject which has attracted a large share of public interest during the past twenty years, culminating, in England, in the passage of the "Midwives Act."

Prior to 1902 the teaching of midwifery in England was partially in the hands of amateurs—anyone with a little practical knowledge being at liberty to constitute himself or herself a teacher. In Ireland private tuition was never customary, midwifery being taught for the past 160 years by qualified teachers at maternity hospitals. As proof of this, we find in the Charter of the Rotunda Hospital, dated 1756, the following:—

"That by admitting and instructing in such Hospital, women, who after some time spent there, being duly qualified, may settle in such parts of our said Kingdom, as most stand in need of such persons, it will be a means of preventing the unhappy effects, owing to the ignorance of the generality of country midwives." And again, we read that "all Students in Physic, whether men or women, as intend to practise Midwifery, and shall be approved of by the Master, shall and may have full liberty to attend the said Hospital, and be instructed under the said Master and his two Assistants."

At a later period, in the Bye-laws and Ordinances dated 1786, we read:—"That as six months will be found sufficient for the instruction of female pupils, two at a time, four (if they offer) be received in each year," and "That a printed Certificate signed by the Master and one of the Assistants, be granted to each Pupil, male or female, who shall have served and attended a regular Course in the said Hospital."

It will thus be seen that in those far-off days not alone were the needs of poor women during their confinement the subject of serious consideration, but also the ignorance of country midwives. Necessarily, as the requirements of that age were few, so was the actual teaching of midwifery limited in amount, and—equally necessarily, with the advance of medical knowledge has come a proportionate increase in the teaching and knowledge of the midwife.

In considering the constitution of an efficient training, there should be no distinction between the monthly nurse and the midwife, since it is impossible that a woman can intelligently follow the symptoms from the beginning of labour, diagnose abnormal presentations, or distress of the foetus, and know the precise moment to send for medical assistance, unless she has learned the complete subject. The Central Midwives Board has drawn up an excellent curriculum of training, but the minimum time given to the Pupil in which to grasp it is all too short.

Trained Nurses should spend six months, untrained women twelve months in learning their work. Many of the latter at one time possessed the rudiments of a good education, but have lost the habit of study, many never attained even an average standard of education, yet both classes have to plunge into what is really a very difficult study, side by side with those better equipped by reason of a previous general training.

For such, I can imagine no better preparation than that afforded in a preliminary training school attached to a Hospital, such as we heard discussed yesterday, or what might prove less expensive both to the Hospital and to the individual, a Central School or College, as suggested by our President, Miss Huxley, some time ago. In such a College the Pupils would be taught the principles of domestic hygiene and economy, the simple chemistry of food, the principles of ordinary and invalid cooking, and of the preparation of infants' foods. She would also learn the use of weights and measures, and something of the drugs and lotions used in Midwifery practice, elementary Anatomy and Physiology, Note-taking, the Keeping of Charts, the various thermometers and their uses, and the elementary theory of sick nursing. Such studies would occupy two months of the twelve months' course, and would be a most valuable introduction to the subsequent practical work.

The Pupil would then pass on to Hospital and begin with monthly nursing, say, for three months at least before she is allowed to work in the Labour Wards, though she should be permitted to see deliveries, and have time to observe something of the Midwife's duties.

She should then enter the Labour Wards for a further period of three months. When Gynæcological Wards are connected with the Hospital, it is a great advantage for the pupil

* Read at the Nursing Conference, Dublin, June 5th, 1913.

to spend some time in them, and it is also most advisable that the last two months of the training should be spent in attending Midwifery cases in the district, where she will gain confidence and experience in adapting herself to her surroundings, as she never can in the well equipped wards of a hospital.

During some period of this training there should be a regular term of night duty, but I am not in favour of a Pupil being called to attend cases at all hours, except in rare instances. When she commences practice, broken rest and light sleeping are necessary, but during the training period, when the work is new, and she is studying for an examination, she should have undisturbed nights.

If, during the latter months of training, she could also attend a Clinic for Infants, it would be of immense value to her. Sick infants are a complex study, and require very close observation and great concentration of thought. The drawback one has to contend with in Hospital is that the babies so soon pass from our notice, while if "Infants' Clinics" are established, they can be kept longer in view. I do not know of any study more interesting, nor any work, anxious though it often is, which earns a more satisfying reward than the care of little babies. They are so responsive, once we get to understand them.

For trained nurses the same lines of work apply, but with shorter periods.

The lectures should be given regularly and systematically, and attendance from the pupils exacted. The willing worker must not be kept back from them because the Ward is busier than usual. Arrangements *must* be made by those in authority to render such a course unnecessary. Pupils do not know their needs, and it is for those responsible for their training, to see that they receive with regularity the class of instruction they require.

A short holiday may be given with advantage during the training period, since many pupils at first feel the great responsibility of their work, and are apt to become over-anxious and nervous.

I am quite aware that exception may be taken to the length of the Course which I have suggested; experience, however, has taught me that the periods I have prescribed are no longer than is desirable. Apart from the learning of theory, the amount of detail to be carried out in Midwifery practice is so great, the Asepsis must be so thorough, that only with time, and frequent repetition under trained supervision, can the Pupil acquire the habit of strict surgical cleanliness, which is as the bed-rock of the practice she is going to build in the future.

Asepsis is necessary in every department, before, during, and after delivery: it is all important to the welfare of both mother and child, and we cannot be too insistent, in impressing it on our Pupils as the great essential for success in their work. It is not by any means always easy to apply the theories of asepsis in district practice, hence the importance of part of the training being done in the homes of the poor, so that midwives may learn under guidance how best to carry out this principle.

In pursuing the theory and practice of midwifery training, we must not forget the ethical side. Certain traits of the pupil's character must be brought forward and developed, whilst others need to be subdued and disciplined. Strict obedience, self-reliance, resourcefulness, dexterity, and above all, patience, must be cultivated, also the spirit of *esprit de corps*. Once the training is finished, and the Pupil is turned into the Midwife, there is through the future the danger that she may forget her teaching, and even if she remembers it, she may fail to add to it. For this reason Post Graduate Classes are most helpful, and should be encouraged. Though it is difficult for busy midwives and monthly nurses to secure the necessary time, they would find it greatly to their advantage to attend a course of lectures at least every two years, to enable them to keep in touch with the times and with new methods. They would then be suitable to hold better and more highly paid appointments than fall to the lot of the ordinary district midwife, and to assist in the numerous branches of social service that are so rapidly growing up around us, and that demand a degree of knowledge which can only be attained by careful and adequate training.

C.M.B. EXAMINATION PAPER.

June 10th.

1. Where is the female bladder? What other structures are in close relation with it? What are the signs that it is overfull? What are the causes of this condition? How would you remedy it? 2. What are the signs of threatened abortion in the third month, and what would be your duties in such a case? 3. Describe how you would recognise that a pregnant woman is suffering from (1) Gonorrhœa; (2) Syphilis. How may these diseases affect the infant? What is the midwife's duty in such cases under the Rules of the Central Midwives Board? 4. What is meant by uterine inertia? What are its varieties, to what dangers may they lead, and how would you treat each? 5. Describe the management of an uncomplicated twin labour at term. 6. Describe carefully your treatment of the cord and of the umbilicus from the moment of birth until the tenth day. What complications may arise if proper care is not taken?

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Vol. L.

EDITORIAL.

EXPERT INSPECTION.

We recently referred to the able report presented by Miss L. M. Wamsley, Nursing Inspector under the Local Government Board, in reference to the sick wards and nursery of the Newmarket Union Workhouse. The immediate result of this report has been that two additional Charge Nurses are to be appointed (Miss Wamsley recommended five), that the Master has been instructed to report on the alterations in the officers' dietary so that it may include fruit, and to obtain estimates for two bedside chairs. The value of expert inspection has thus been demonstrated.

We have now a further instance of the value of such inspection, and of the conscientious way in which the Inspectors of Nursing appointed by the President of the Local Government Board are doing their duty, in the report made to the Board by Mrs. Andrews upon a visit of inspection made by her to the Workhouse Infirmary, Guildford.

Extracts from this report were forwarded by the Local Government Board to the Guildford Guardians, and these were considered by the Visiting Committee, together with the observations made thereon by the Superintendent Nurse.

Mrs. Andrews reported that the staff was below numbers on the day of her visit (March 14th), that things had deteriorated since her last visit on July 18th, 1912, that the wards and lavatories were not so clean as they should be, that the lying-in wards were empty but not clean, that she was obliged to condemn one mackintosh, one blanket, and one sheet, on a bed which was stated to be ready made up for a patient, as unclean. She stated that the Superintendent Nurse accompanied her, but she was unable to obtain necessary information without appealing to the Matron and Charge Nurse, who constantly corrected her statements.

That there was an atmosphere of discontent among the staff. That in her opinion these things arose from lack of organization, supervision, and method, and an inadequate staff. These combined led to officers, otherwise competent, and who knew better, making shift and becoming content with a low standard. The absence of a "head" with a thorough grip on things was apparent.

The Visiting Committee having considered the question, reported to the Guardians that the medical officer of the workhouse had been in attendance on the Committee, and commented on the details of Mrs. Andrews' report. That he had endorsed her statement that there was an atmosphere of discontent among the nursing staff at the infirmary, which had been going on for some time, and considered that the Superintendent Nurse, though qualified, and understanding her work, could not impart her knowledge to others, and had not sufficient tact to supervise.

The Superintendent Nurse wrote denying the charges made by Mrs. Andrews, and further stating that they were indefinite, and that examples might have been given.

The committee decided in view of the Inspector's report, and the statement of the medical officer, to recommend the Board to terminate the appointment of the Superintendent Nurse, and its recommendation was subsequently adopted by thirty-two votes to two.

The report demonstrates the value of appointing expert nurses as inspectors of nursing. Many of the points mentioned by Mrs. Andrews would not come within the observation of members of the Board, as for instance, the preparation of a bed with soiled materials for the reception of a lying-in patient, yet the health and life of the patient might be affected. Once more we congratulate the President of the Local Government Board not only on the appointment of trained nurses as Inspectors, but upon the selection he has made.

OUR PRIZE COMPETITION.

WHAT IS A REST CURE? DESCRIBE IT.

We have pleasure in awarding the prize this week to Miss Lucy C. Cooper, L.C.C. Nurse, Mount Nod Road, Streatham Hill, S.W.

PRIZE PAPER.

A rest cure aims at bringing back to health a tired mind and body, this condition being described generally as a nervous breakdown.

To carry it out with the greatest possible benefit to the patient, the rest must include both mind and body, and to be successfully carried out the patient must be removed from too sympathetic relatives, visitors, and friends.

The first thing to do is to select a suitable nursing home or place of residence with a doctor or nurse, or both. Choose a bright, airy room, and a skilled yet cheerful and companionable nurse. The patient should be looked upon as ill and put to bed, a chart kept, all toilet duties performed for him, and for the first week he should not be allowed to be moved, except from side to side, like a helpless patient, for bed making; the slipper also should be given, and blanket baths given.

The diet should be at first very light, similar to that of a typhoid patient; two ounces of nourishing fluids every two hours, milk, egg and milk, Benger's food, freshly made tea, cocoa, Bovril, Brand's essence, &c., could be given. No books or visitors or talking to be permitted the first week.

The second and third week a more liberal diet could be given; a little chicken for dinner, bread-and-butter for tea, toast or poached egg on toast for breakfast, with milk and soda, or other things such as home-made lemonade, barley-water, fruit, &c., between.

Also the patient could be allowed to perform certain portions of his toilet himself, and to sit in a chair wrapped in blankets whilst his bed was being made. A pictorial paper could be allowed and cheerful conversation encouraged.

In the fourth week the patient might be allowed solid food, and the use of the bathroom, and the exertion of dressing, for an hour or two daily. Massage at this stage would be beneficial.

In the fifth week newspapers, books, outdoor exercises, and visitors for short periods could be allowed.

The treatment then could go on for a few weeks more, or the patient might be ordered a change to the seaside or country with the nurse for a few weeks, at the end of which time, if

the case has been a success, he will probably be pronounced in a condition to resume his ordinary life.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss H. Scott, Miss G. Campling, Miss M. Eaton, Miss Mackenzie, and Miss O'Brien.

Miss Grace Campling writes:—A rest cure is all that goes to make for repair of an overstrained mind or body—sometimes, both.

Many are the forms of rest which can be taken to achieve that end.

For, what constitutes rest to one person does not to another: to some, change of occupation only, may prove sufficient—or, country life as compared to town, and a "rest cure" may even take the form of a sea voyage.

The orthodox form and the one most frequently practised is that of placing the patient in a nursing home in bed.

Here, care should be taken to study any personal idiosyncrasy, the aggravation of which would tend to keep patients from making steady progress, and so destroy the object for which the cure is instituted. For, rest cure patients suffering as they do, chiefly from nerve strain are keenly alive to the smallest irritation—this fact, brings us to the necessity of seeing that the attendant is congenial, understanding, and helpful.

QUESTION FOR NEXT WEEK.

What are the complications to be watched for during the puerperal period?

QUEEN'S NURSES AT DEVONSHIRE HOUSE.

Great pleasure was given to Queen's Nurses by the presence of Queen Alexandra at the Garden Party given by the Duke and Duchess of Devonshire on Friday 13th inst. to members of the Council and Committees, the Superintendents and Nurses of Queen Victoria's Jubilee Institute.

The Superintendents and Nurses, 1,100 in number, were drawn up in companies on the lawn, England, Scotland, Wales, and Ireland from left to right, and beyond them, making a note of vivid scarlet against the green foliage of the beautiful trees, was the band of the 1st Life Guards, which provided the music.

Very workmanlike the nurses looked, in their neat blue uniforms with holland aprons, bonnets with white strings, badges—bronze in the case of nurses, silver of Superintendents.

On their left arms they carried their cloaks, for the day was dull and threatening. The Irish nurses were distinguished by their blue aprons, matching their dresses, which we preferred to the holland ones.

Queen Alexandra who—with the Empress Marie Féodorovna of Russia, Princess Victoria and Princess Henry of Battenberg—was received by the Duke of Devonshire, President of the Institute, Lady Edward Cavendish, acting as hostess in the unavoidable absence of the Duchess of Devonshire, the Duke of Norfolk, and Lord Rothschild (trustees), Viscount Goschen (Chairman of the Council) and other officials, Miss Amy Hughes, General Superintendent and Miss Lowe, Secretary. The Royal party was escorted to a pavilion on the terrace, which was decorated with pink and white flowers, the chairs being covered with blue and gold brocade. Here bouquets were presented:

To Queen Alexandra beautiful pink Malmaison carnations, by Miss Hughes, General Superintendent.

To the Empress pink tiger lilies and lilies of the valley by Miss Ellinor Smith, Superintendent for Wales.

To Her Royal Highness Princess Victoria, yellow and crimson roses, by Miss Michie, Superintendent of the Irish Branch.

To Her Royal Highness Princess Henry of Battenberg, pale pink carnations, by Miss Buckle, Nursing Superintendent for England.

To Lady Edward Cavendish, pink roses by Miss Mills, Superintendent North Home, Liverpool.

Members of the Committee were then presented to Queen Alexandra, who afterwards, on behalf of the Committee presented a silver service to Mr. Harold Boulton, C.V.O., on his resignation of the post of Hon. Treasurer. Her Majesty escorted by the Duke of Devonshire and followed by the Empress and Princesses then inspected the nurses, passing between the lines which faced each other, the nurses curtseying as the Queen passed. After the last had been reviewed, and the parade dismissed, the Queen and the Royal party still walked about among the groups of nurses, for some minutes before returning to the terrace.

Tea was then served in the marquees on either side of the lawn to the guests of the afternoon, the general visitors being provided for in the ball room.

The nurses were manifestly delighted with the opportunity of meeting one another. At six o'clock the House was thrown open to them, and many took the opportunity of seeing the ball room, and the beautiful pictures by famous masters.

THE PRELIMINARY TRAINING SCHOOL.*

By MISS L. V. HAUGHTON,
Matron, Guy's Hospital, London.

So important have been the changes, and so rapid has been the progress which surgery and medicine have made during the last twenty years, that it seems but natural and advisable to pass in review the corresponding advances which have been made in the training of nurses during the same period. Among the many changes which we can look upon with satisfaction, the establishment of the preliminary nursing school for pupil nurses is undoubtedly one which has produced widespread advantages and has definitely led to an improved standard. I believe the credit for the idea of this scheme must be accorded to Sir William Macewen, of the Royal Infirmary, Glasgow, who, in the year 1893, was instrumental in advising and helping Mrs. Strong, when Matron of that institution, to arrange for a compulsory course of instruction at St. Mungo's College, Glasgow, which all intending probationers were obliged to take as a preliminary to the hospital training. In 1895 came the opening of Tredegar House, at the London Hospital, Whitechapel, and a year or so later Miss Nutting, who had recently been appointed Superintendent of Nurses at the Johns Hopkins Hospital, Baltimore, U.S.A., started a preliminary training school for pupils with a six months' course, the first institution of its kind in America. In later years the scheme was taken up at Guy's Hospital in 1902, at Sir Patrick Dun's Hospital in 1905, and at St. Thomas' Hospital in 1909. The Leicester Infirmary and the Royal Infirmary, Bristol, have also established preliminary training schools.

The passing of years has only served to strengthen belief in the value of such a system of education for any institution where nurses are in training. The reasons for this are easy to understand. In the first place, as a direct result of the extensive research in medicine and surgery during the past few years, there is greater detail both in routine work and in the more highly specialised assistance which nurses are called upon to give in the ward, in the operating theatre, and in the various special departments. In other words, the physician and the surgeon demand a high standard of intelligence and of general education from the women who assist them in their scientific work.

* Read at the Nursing Conference, Dublin, June 4th, 1913.

If a nurse who has not had the opportunity and benefit of a good education be called upon to undertake work in a special department, where complex methods of treatment are practised, difficulties are sure to arise owing to her failure to grasp important details and understand the reason of her routine duties. In the second place, the large increase in the number of special departments at all our hospitals, and the multiplication of special forms of treatment, make it essential that the nurse should be a useful unit during the whole period of her three years' training; that is to say, she must be able, on entering the wards, to be something more than "a hewer of wood and drawer of water." If her first few months are spent in doing work which she does not understand, there will not be time during three years of training for her to obtain experience of work in the many departments which form part of the large general hospital of to-day. Actinotherapeutics, radiography, orthopaedic surgery with the necessary massage, gymnastics and Swedish exercises, summer diarrhoea, vaccine therapy—are all subjects receiving special attention at the present day, and demanding a large and increasing staff of workers. This multiplication of departments may, in the near future, entail a more extensive training, and will certainly make the nurse's duties more arduous. These two reasons (1) the necessity for a certain minimum standard of education, and (2) the increasing complexity of clinical training, are in themselves strong arguments in favour of a preliminary nursing school, but other facts may be urged which are of equal or of even more importance. The nursing profession requires, and will always require, women who are distinguished by tenderness, thoughtfulness, and tact. In spite of the great advances which have been made by science, the future is not for the trained automaton alone. Women are needed who are naturally gifted with powers of observation and concentration, who are both physically and mentally capable of endurance, and who, above all, are possessed of an unselfish temperament, which enables them to live and work in happiness, to rub shoulders with all sorts of different people—members of a community drawn from all ranks of society—without friction or bickering. Little information upon such matters is to be obtained from credentials; references are often misleading, good qualities are often absent, even with the most favourable testimonials; but the time spent in the preliminary school, where the pupils are under constant individual observation and in intimate contact with competent

instructresses, enables the matron of the large hospital to obtain some satisfactory evidence as to the temperament and character of the pupil nurses before they enter the wards and are more or less lost in the crowd. Where a preliminary school is in existence, the pupil, having passed her preliminary examination, starts her work in her first ward and is conscious of a certain status. The strangeness and bewilderment of hospital life is less apparent, the very vastness of the institution, the sensation of perpetual motion which pervades it, and which forms so great a contrast to the quiet life of home, is less terrifying. In other words, as a result of the weeks spent in the school, the pupil has "found herself." She feels insignificant; everything looms large, but she is one living portion of the hospital—and she holds up her head—she is a Nurse. With so many important consequences to the preliminary training, it is apparent what care must be devoted to the choice of an instructress for the probationers' school. She must be a person of infinite tact and eternal patience. She must be intensely loyal to her hospital, for hers is the chief duty of selecting and encouraging those of nursing ability, hers also the first word in the merciless rejection of the unfit. She should be the friend of all her pupils and the gentle guardian of none, she must never forget that from her the pupils get their first impressions of what a trained nurse should be. To her as an example and with her as a guide, many a nurse will backward look and silently strive across the mist of the after years.

In the three London schools the preliminary training lasts for six weeks, and practically follows the same course of instruction. At Guy's Hospital the class usually numbers eighteen pupils, and the routine is as follows—Housework, sweeping, dusting, bed-making, &c., occupy the early hours every day. These duties are carried out in a special part of the Nurses' Home, and form a very necessary piece of instruction, for it is surprising to find what a number of women there are who have no notion how a room should be swept or dusted, how beds should be made, or how baths and metal fittings should be cleaned. After about two hours of this active domestic work, the theoretical class of the day begins. The subjects of instruction are:—Elementary anatomy and physiology, Hygiene, Nursing Ethics, Food values and the Principles of Dietetics. Practical work follows. The pupils are taught to take temperatures, to keep charts, and to carry out the multitudinous services of the sick room. The padding of splints, making of

dressings, the principles of asepsis and anti-sepsis—the care of instruments—the mending and care of linen, are other matters which claim their attention.

A course in invalid cookery is also given by a certificated cook, and practical classes are held in the special kitchen which forms a part of the school. The experience gained here is most valuable. The pupils also attend to those nurses on the sick list in the nurses' ward close by, and they soon learn how to prepare actual meals for tired people who require tempting with dainty and appetising food.

The pupils in the preliminary training school also attend prayers morning and evening in the Hospital Chapel. Towards the end of the six weeks' course of instruction written, oral, and practical examinations are held, and if the pupil fail to pass this test she is not admitted to work in the hospital wards. At Guy's Hospital a fee of £6 6s. is charged for the six weeks' course, the pupil receiving board and residence in special quarters in the Nurses' Home. This period of six weeks is not included in the three years' training in the wards.

It may be interesting to compare the system practised at Baltimore with that which obtains in the English Schools. For the first six months of their three years' training, the nurses of the Johns Hopkins Hospital spend most of their time in attending classes and demonstrations; they only enter the wards for two hours daily during the last two weeks of the six months for practical instruction in elementary nursing. The ground covered by the entire course is very extensive. Instruction is given in the following subjects:—(a) Household economics, (b) Hygiene and Sanitation, (c) Anatomy and Physiology, including laboratory work, (d) Materia medica, (e) Elementary nursing. In addition to class teaching, visits are paid to markets, factories, and public buildings. A study is made of the relative cost of food stuffs, of lighting and heating problems for large or small buildings. Laundry work also receives attention, and visits are paid to various institutions in order that different schemes of ventilation and sanitation may be studied. Strictly speaking, this cannot be called a preliminary course, as it forms part of the three years' training, but it covers all the ground of the preliminary training school. It embraces a good deal of the instruction which, in the British Schools of Nursing, is spread over the three years' course for certificate, and, in addition, it includes a more extensive survey of household economics and housewifery.

At the Glasgow Royal Infirmary, the preliminary training for pupil nurses lasts three months, and during this time the pupils find board and lodging at their own expense. A candidate is not accepted as eligible for the course of instruction unless she can produce evidence of a satisfactory preliminary education, either the leaving certificate of the Scottish Education Department, or the Senior and Junior certificates of the Local University Examinations. There are two courses of instruction to be followed; an examination is held at the conclusion of each course, and only those candidates who have passed the first examination are allowed to proceed to the second course of lectures. When the second course has been completed and the examination passed, the pupil is allowed to enter the infirmary for her four years' training. The first course taken at St. Mungo's College consists of lectures and demonstrations on Anatomy, Physiology, and Hygiene—twelve in each subject. A fee of two guineas is charged. The second course, taken at the Royal Infirmary, comprises lectures and demonstrations on the nursing of surgical cases, the nursing of medical cases, upon ward work and sick room cookery, twenty lectures in each subject. For this second course a fee of three guineas is charged. For large hospitals, when a sufficient number of pupils can enter at one time, competition is stimulated, and there are very great advantages to be derived from the plan of having the Preliminary School within the hospital precincts. Such an arrangement should, I think, be made wherever possible. The idea of a large preliminary training college should be suitable for the smaller hospitals which lack funds or space to establish separate schools of their own. The pupils who attend this central college should have free choice of hospital, and the course of preliminary instruction should follow lines approved by a joint committee of representatives from those hospitals which agree to the scheme.

I consider myself that in our British preliminary training schools the course ought to be extended to eight, or even twelve weeks, and that more attention should be given to household economics and housewifery problems, than is at present possible in the period at our disposal.

I have endeavoured in this short paper to bring before the Conference the subject of the Preliminary Training of Nurses, and to indicate some of the points in favour of such a system. I hope that the remarks which I have made may be introductory to a general discussion.

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

THE DUBLIN CONFERENCE.

JUNE 4th.

AFTERNOON SESSION:

MASSAGE, TRAINING AND EDUCATION.

Mrs. Strong presided at the session on Massage on the afternoon of June 4th, when the first paper was presented by Dr. Barrie Lambert.

THE TRAINING OF THE MASSEUSE.

Discussing the training of the masseuse, Dr. Barrie Lambert said that massage as it had been taught in this country had fallen into great disrepute, and it would be well, now that the whole status of massage was being raised, and it was being developed into a dignified legitimate profession if some other name could be substituted for that of masseuse, but no satisfactory new name had, so far, suggested itself. In Sweden the term *gymnast* was used, or educational and medical *gymnast*, to denote the two branches, but although the term *medical gymnast* was certainly a good one, it was not sufficiently understood by the public, to whom the word *gymnast* implied an acrobat.

The exercises and gymnastics now described as Swedish did not originate in Sweden, but it was due to the genius of Ling that they were organised on a scientific basis. Massage was said to be as old as mankind. Homer in the *Odyssey* 1000 B.C., told how beautiful women anointed and rubbed the war heroes.

In Athens and Sparta 600 B.C. the gymnasium was a State institution, and gymnastics were divided into athletic, military, and medical, and the writings of Herodotus, Plato, Hippocrates, and Pliny abounded with references to rubbing; indeed, Hippocrates, 400 B.C., laid down an axiom in regard to massage which showed how well the art of massage was understood in those days. He said, "Rubbing can bind a joint that is too loose, and loosen a joint that is too rigid," and again "rubbing can bind and loosen, can make flesh, and cause parts to waste. Hard rubbing binds, soft rubbing loosens, much rubbing causes parts to waste, moderate rubbing makes them grow."

Ling in 1813 founded the Central Institute, Stockholm, and a two years' training was instituted, which included educational and medical gymnastics, and well equipped gymnasts went forth from the Institute to work in all parts of the world.

How it happened after this that the idea should have taken root in England that three to six weeks' training was amply sufficient was difficult to say, but such was the case, and two things followed. A generation of untrained and incompetent workers went forth, and either

massage fell into disrepute and the medical profession, seeing no results, refused to utilise it, or those doctors who were more enlightened insisted on only employing Swedes, knowing that they were sufficiently trained, and it was only some ten years ago that we awoke to the fact that there was a new, interesting, and well-paid profession carried on in our country which was almost entirely in the hands of foreigners.

The Incorporated Society of Trained Masseuses made the first effort to put things on to a better footing. They insisted on a three-months' training, which was considered ample in those days, made strict enquiries into the social status and respectability of their members, which by this time had, unfortunately, become very necessary, and laid down three excellent rules—not to work without a doctor, not to sell drugs, not to treat men except under exceptional circumstances.

This three months' training had never been increased, although the standard of work required by the I.S.T.M. was practically a six months one, and this for massage only.

Dr. Barrie Lambert contended that massage alone was not sufficient, and that massage and gymnastics should always go together. The use of massage only limited the cases suitable for treatment. For instance, in cases of heart disease, more value was got in many cases from properly modified exercises than from massage, and curvature cases, and many others benefited similarly by exercises.

One scholastic year, *i.e.*, nine months, should be given to massage and medical gymnastics, and should include, in addition to these subjects, anatomy, physiology, the theory of disease, the treatment of fractures, and hospital work. The speaker thought it very necessary that the students should practise first on one another, and afterwards on hospital patients, and if possible the trainer should herself feel what the student's touch was like by allowing herself to be massaged.

She considered the treatment of patients essential, no amount of make believe could ever take its place. You might, in imagination, treat a fracture on the first day a hundred times over and feel very competent, but it was very different when, for the first time, you handled the actual fracture and dealt with a wincing patient.

Dr. Barrie Lambert deprecated the practice of endeavouring to treat too many patients—as many as fifteen from 2 to 5 p.m.—prevailing in some hospitals. However keen the masseuse, it was physically impossible, the whole thing degenerated into a farce, and the students got into thoroughly bad habits of work.

Electrical training and educational gymnastics were very important to a thoroughly equipped masseuse, but it was impossible to crowd them into a year's massage training. Electrical training should include radiant heat and hot air baths, Faradism, galvanism, Nauheim baths, and cataphoresis; they were so often asked for, and so much help to certain cases, that a qualified masseuse should certainly take out a course. In

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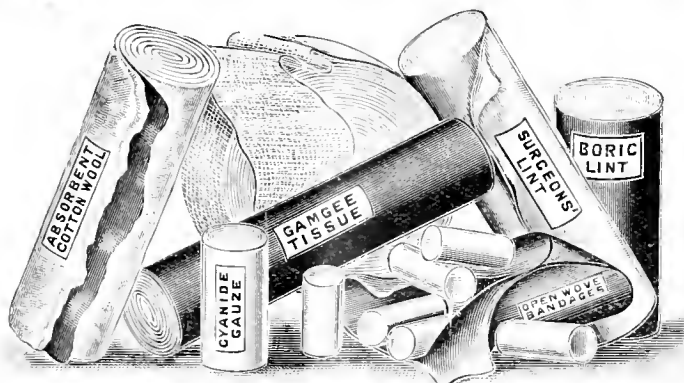
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regard to cataphoresis, where a high current was sometimes dealt with, more than a smattering of knowledge was necessary. The masseuse should thoroughly understand the subject or she became a danger to the public.

Dr. Barrie Lambert therefore advocated nine months' training in massage and medical gymnastics, followed, if possible, by six months' training in electrical work and educational gymnastics.

PROFESSIONAL IDEALS WITH REGARD TO MASSAGE WORKERS.

Mrs. Hoghton Stewart, I.S.T.M., who read a paper on the above subject, spoke first of the personality of the masseuse, and quoted the opinion of Miss Maclean, of the Incorporated Society of Trained Masseuses, that should personality "be unsuitable no amount of training will supply the deficiency. . . . Some individuals are utterly unfitted for the profession of massage by nature, education, disposition, general development, and physique." The speaker thought that, in the suitable personality thus indicated, all the "professional ideals" for the ideal masseuse were practically included, and dealt seriatim with the qualities regarded by Miss Maclean as essential in the masseuse.

1. *Good physique and health.* These were indispensable qualities. The perfect hand for massage should be soft, dry, smooth, somewhat plump, and warm, a hand which inspired confidence at the first touch, for this went far towards the success of the case. Touch was most important. It must not be hard, contracted, clammy or cold. First impressions made all the difference, and it was just the way in which those first few strokes were applied that the hands of the masseuse literally spoke, and told of the cure they were confident of effecting. The right kind of touch generally called forth an immediate response from the patient, and a murmur of contentment.

2. *Good, even temper, great power of forbearance and physical endurance.* The masseuse must be prepared to listen to, and answer with tact, the narration of new ailments of the neurasthenic. She must stand patiently by a sleepless patient, with her mind intent on that slow, gentle, soft, comforting, soothing effleurage which was so all-important, though her back might be nearly breaking, nor must she creep silently away until the sound of slow even breathing was continuous and assured.

Absence of hurry. Undue haste was apt to upset a patient and retard successful progress. It was necessary to have been ill to realise the torture of hurry, and the disastrous effect upon the patient's heart and nerves of the masseuse who with undue haste rushed for the extra pillow, caught her foot, and overturned the side table with bottles, flowers, watch, &c. Repose was the secret of strength, and implied mastery of the situation.

Punctuality. A long train of evils followed unpunctuality. To be five minutes late at the

first patient's house meant probably that the masseuse was half-an-hour behind time on reaching the third patient. This was acutely irritating to a patient who was ill, and equally so to the one who, not being seriously ill, had appointments to keep, and if the masseuse were not to time must either go without her massage or fail to keep her engagements. Moreover, the masseuse who was behind time arrived far from fresh and bright, and in no fit condition to rub a patient with expectation of good result. Thus the professional value of punctuality in illness could not be overestimated and its rewards were manifold.

The speaker instanced an unexpected reward of punctuality in the case of a masseuse known to her who received a legacy of three figures from a former patient because she had always arrived at and left her patient's house punctually.

Other necessary qualities were:—

Intelligence, shown in carrying out the instructions of the doctor.

Education and refinement, the advantages of which in dealing with the sick were obvious.

Happiness and cheerfulness, which made the time pass quickly with their brightness, but an aggressive form of optimism which was apt to irritate and even infuriate a nervous patient must be avoided. Serenity was perhaps the best word to describe the frame of mind in which the ideal masseuse approached the sick bed.

A non-worrying and sympathetic disposition. The masseuse should not allow either her own troubles or those of others to affect her mind. Her own must be an absolutely forbidden subject. They must be cast aside. In regard to the patient she must be ready with kind words of sympathy, tactfully discovering from day to day the mood of the patient and adapting her silence, or conversation, accordingly.

Fastidious Cleanliness. This should be observed in every detail, particularly in washing the hands before and after treatment, and before applying massage to the head and face when other parts of the body had been previously manipulated. A masseuse coming into a room like a fresh breeze, with a cheerful smiling face and neat suitable dress, was more likely to succeed than one of untidy appearance, unkempt head and hands, and soiled apron. Mrs. Hoghton Stewart emphasised the importance of suitability in dress for masseuses who were not trained nurses. An overall or apron should always be worn, and jewellery avoided.

Devotion and zeal. This should be observed to the smallest detail, and perfect devotion included perfect loyalty to patient, doctor, nurse (if one were connected with the case), and also loyalty from one masseuse to another.

DISCUSSION.

Miss L. Despard, a member of the Irish Nurses' Association, and the I.S.T.M., who opened the discussion, said that the two papers to which they had just listened taken together emphasised

the fact that training without natural qualifications and natural qualifications without training, would not turn out the best type of worker.

In Mrs. Stewart's paper there appeared to be no points which called for discussion. There could be no two opinions about the personal qualifications and high aims which she had so admirably outlined as being essential to success in the best sense of the word.

Dr. Barrie Lambert had reminded her hearers of the work which the Incorporated Society of Trained Masseuses had done for the profession of massage in the past by raising the status of the masseuse in the British Isles. She did not think that masseuses could ever be grateful enough to the founders of that society for the splendid work that they had done in protecting their interests and in making their profession one to which they were proud to belong. A great many of them hoped that the I.S.T.M. would still further earn their gratitude by throwing their Swedish remedial and massage examinations into one, and insisting on a year's course of preparation for their certificate. As Dr. Barrie Lambert had so ably pointed out, it was absolutely impossible to separate massage and medical gymnastics, and in a six months' course the medical gymnastics taught had necessarily to be limited in number and complicated curvature cases had to be left alone except in theory. Dr. Barrie Lambert had outlined a very complete course of training. The speaker said she had never been able to understand why medical electricity, including ionic medication, and Nauheim treatment had, as a rule, been left out of the curriculum in many schools and taken afterwards as a post graduate course. They belonged to the masseuses' department, and she was of opinion that they ought to qualify in them before being certificated.

There was a point here which should lead to some interesting discussion.

She had heard it suggested that if the I.S.T.M. insisted on a year's training for their certificate in the future, nurses who wished to take massage in connection with their nursing should be able to obtain a special nurse's certificate after a short training of a few months duration. This she considered wrong for three reasons. Firstly, all sorts of curvature cases and other deformities requiring very skilled massage and gymnastic treatment came into hospital and the nurses who treated them should be proficient workers.

Secondly, if a massage certificate could be fairly easily obtained a great many unsuitable people might take up the work.

Thirdly, a nurse might at any time wish to give up nursing and take to massage as her sole means of livelihood. She was then let loose with a certificate obtained after a short training, and so the whole standard of massage would be lowered.

Another point of interest was whether a three months' course of nursing in a general hospital for those who wished to enter the massage pro-

fession was advisable. The speaker considered such a course advisable, but not necessary.

Dr. Barrie Lambert had strongly advocated the inclusion of a short course of medical gymnastics in the curriculum of training. Many masseuses who had had no educational training found themselves at a disadvantage when it came to drilling even one patient, much less two or three together. It would be interesting to know what other masseuses thought of this suggestion. Miss Hogg and Miss Studley joined in the discussion, and the meeting terminated with a cordial vote of thanks to Dr. Barrie Lambert and Mrs. Houghton Stewart for their interesting papers.

MORNING SESSION:

JUNE 5th.

THE STATE REGISTRATION OF NURSES.

Miss Huxley, President I.N.A., presided at the Morning Session on June 5th, when the State Registration of Trained Nurses was the first subject under consideration, and there was a full and enthusiastic meeting.

Mrs. Bedford Fenwick who presented a paper with special reference to the Nurses' Registration Bill, the educational and economic aspects, and the questions of legal status, and how to build up the profession of nursing for the benefit of the public, began by moving the following resolution:—

RESOLUTION.

"This meeting desires to record its earnest conviction that it is absolutely necessary, both in the interests of the professional status of trained nurses, and of the public whom they serve, that provision should be made for their Registration by the State, and that such Registration should be under the supervision of a Central Professional Authority, and that admission to the Register of those who have fulfilled the prescribed conditions should be by the single portal of a State Examination.

"This meeting regrets that the Prime Minister has not, so far, found time for the discussion of the question in the House of Commons, and urges that facilities may be given for the second reading of the Nurses' Registration Bill at the earliest possible date."

Mrs. Fenwick said that in considering the question of the Registration of Trained Nurses by the State she would start from a point on which all who were qualified to express an opinion were agreed; that it was waste of energy to resist evolution, and that when a class of workers entered the ranks of industrial competition it was brought into touch with varied human interests which should be adjusted with due consideration to all concerned. To accomplish this order was essential, and to enforce order in the ranks of a profession legal power was necessary.

It would not be contested that such responsible work as nursing required a very thorough preparation, a prolonged training, during which time the instruction given to the pupil, both theoretical and practical should be systematic, and the

clinical material available should be utilised in the best possible manner. There must be waste neither of time nor opportunity, as it was difficult even in the prescribed three years' course of training to assimilate all that a woman should know if she were to be a safe and skilful attendant on the sick. She claimed that every trained nurse who was worthy of her high vocation desired that its honour should be protected, that true artist and fine craftswoman as she was, she abhorred superficial standards and inferior work, and emphatically condemned jerry-built nursing.

Registrationists claimed that these desirable ends were to be attained by the introduction of order and system into nursing education as a whole, and that this was only possible through a Central State Authority empowered by Act of Parliament to define a minimum standard of Nursing Education to which all training schools for Nurses general and special must attain, so that all hospitals professing to train nurses should be required to give evidence that they possessed the clinical material, the teaching faculty, qualifying them to be schools in fact as well as in name, so that pupils who were prepared to give years of hard work to honestly qualify themselves for their profession should know, with certainty, that the education they were receiving was adequate.

The chaos at present existing in nursing education was due to the fact that the quality of professional education in hospitals was left to the absolute discretion of lay committees, and that neither educational interests nor women's economic interests were, as a rule, represented upon them.

She claimed that order and system were imperative to the efficiency of trained nurses, and therefore of the safety of the sick whom they served, and to obtain them an authority must be created which should define, supervise, and co-ordinate the education in the various nurse-training schools, and that this could be best achieved by the passage of a Nurses' Registration Act to regulate the qualifications of trained nurses and to provide for their registration. Under this Act a General Nursing Council would be established which would regulate the conditions of admission to the Register of Nurses, and approve those hospitals and infirmaries which could show that alone, or in conjunction with others, they could provide the necessary instruction.

Mrs. Fenwick showed that while there was a strong case for the organisation of nursing from the educational side, equally strong arguments could be advanced from the economic side, and now that human and industrial evolution impelled or compelled women to be self-supporting economic regulation was absolutely necessary. She showed that the skilled professional worker had a right to legal status so that the quality of her work should have a just market value, and that without this status she competed in the open market with the unskilled worker, and thus her professional

standards were depreciated in the public estimation, as well as her just rewards. She showed further that doctors, dentists, chemists and midwives all had a legal status, carrying with it a certain amount of protection by the State, and asked why in this chain of health workers was the trained nurse alone to remain without the Pale.

Mrs. Fenwick claimed that well-trained nurses who were anxious to give the public a guarantee of their quality through a State Register had for a quarter of a century worked tenaciously for this end, and had behind them a weight of Parliamentary, professional and public opinion which no Government had a right to ignore.

She stated that the Nurses' Registration Bill had been prepared on instructions from the Central Committee for the State Registration of Nurses, and mentioned the important societies represented upon it by delegation. She explained that on the General Council for the Registration of Nurses in the United Kingdom which it was proposed to establish, provision was made for direct representation of the nursing profession and that amongst the most important duties and powers of the Council were the standardisation of training, and the examination and registration of nurses, and then discussed in detail the principal clauses of the Bill, the difficulty of securing its discussion in the House of Commons, and its effect as a Health Act and in other directions.

MRS. STRONG SECONDS THE RESOLUTION.

Mrs. Strong (President of the Scottish Nurses' Association), who said she had much pleasure in seconding the resolution, said that Mrs. Bedford Fenwick had given a complete outline of the work done to secure legal status for nurses during the past twenty-five years. The education of a nurse appeared to be a matter of indifference to most people; nurses themselves were far from being unanimous in desiring a definitely fixed curriculum, to give them some kind of a common standard. Every other profession had a definite status, certain common diplomas required signifying that the individual members had passed through a course of instruction to fit them for that particular calling, and were thereby to a certain extent protected from unfair competition. Not so with a nurse; she had no defined position, there was no standard, no common diploma, anyone could wear a nurse's uniform, get a few testimonials, and compete with a woman who has spent time and money in acquiring the knowledge and experience to fit her for the true office of nursing.

There was no wish to exclude the so called useful woman, who might have spent a few months or weeks in a hospital, and called herself a nurse (if the public wished to employ her), but she should be compelled to use the word "unqualified" and to go about in ordinary dress, and not the garb of a nurse. It was not only the qualification of a nurse which needed definition, but the uniform, which should be as distinct as a soldier's, with a penalty for any infringement of its use. All knew the sad uses for which a nurse's

uniform was at present often employed—instances constantly occurring of its abuse, instances sufficient to fire the indignation of all true nurses, whose calling should be a high one; and yet the amount of indifference was great. It surprised her to find any nurse treating the matter lightly, content to go on in the old grooves, seeing each hospital, large and small, turning out its quota of so-called "trained nurses" into the general stream. No common curriculum, no common final test; the public being largely guided by the size or reputation of the hospital in which the nurse had resided. The woman trained in a provincial hospital might be quite as competent as the one trained in a large leading hospital; but, for want of a common standard, she was at a disadvantage in seeking an appointment. We wanted the State to define what a nurse's qualification should be, her diploma being a sufficient guarantee of her professional ability, apart from any particular school—no anomaly, no injustice.

Every nurse's experience must have taught her the need of a sound, theoretical foundation upon which to build the superstructure of her life's work, a foundation that could not be acquired while engaged in the busy work of a ward, her whole energies of mind and body being engrossed in the immediate practical work. Did one not constantly hear from the poor Pro. how much she would enjoy her work if it were not for those dreadful lectures, which she felt unable to benefit from, through tiredness and want of time to study, time that must be taken from sleep or recreation, which many were unable to give through exhaustion. Her time off duty ought not to be given to the study of lectures, her mind having dwelt sufficiently long on the one subject. Her general health required her to have some out-of-door exercise, if she was to maintain a healthy equilibrium.

Diversity of thought was most desirable, too long dwelling on any one subject was bad, especially anything so all-absorbing and startling as the first weeks spent in the wards of a hospital. We were apt to forget our own first days, days of shock on first contact with severe accidents, and many unpleasant duties, unnerving us and making us unfit for the work in hand, much more unfitting us for the strained attention required in attending lectures and their attendant study. The number of women who failed during their month of trial in hospitals which adopted this system corroborated the necessity of some knowledge of the work before entering upon it. The Sister-in-Charge and the Pro. were both at a disadvantage, victims to unnecessary trials of temper and patience. How was the Pro. to understand the instructions given to her, many of which were as an unknown tongue to her, the simplest phrases in use at the bedside had to be acquired, and she must also have some knowledge of hospital appliances before she could be of any use at the bedside. This was overlooked and oft-times confusion was mistaken for stupidity. But how

was this to be remedied? By the establishing of classes in connection with Medical Schools for the teaching of elementary anatomy, physiology, and hygiene, and by all hospitals refusing to take probationers unless they possessed the certificate of these schools. This was one point which should be decided by the State. The preliminary clinical theoretical instruction to be undertaken by each hospital (this also to be fixed by the State) before the pro. was admitted to learn the practical part of her work. The length of time to be spent in hospital to be also fixed before the pupil was allowed to stand for her final exam. with its attendant diploma, of course under State regulation.

The question of expense, was, Mrs. Strong thought, more fanciful than real judging from her own experience.

A course of preliminary instruction such as she had described had been in practice in the Royal Infirmary, Glasgow, for the last twenty years, and the never-failing supply of pupils during that period contradicted the fear of the initial expense being prohibitory, and causing a lack of pupil nurses. Miss Melrose, Matron of the Infirmary, would, she was sure, have pleasure in giving full information concerning the system. The introduction of the pupils into the wards under this system was so gradual that they were made familiar with the worst parts of the work before entering as regular probationers, thus avoiding many disappointments.

The few failures from this method corroborated her statement of the unsatisfactory system of taking probationers directly into the wards without any previous knowledge of the work.

A great impetus was given to nursing by Miss Nightingale's memorable work in connection with the Crimean War, and her subsequent establishment of a school in conjunction with Mrs. Wardroper, whom she found quietly working in St. Thomas's Hospital, seeking to rescue nursing from its degraded position. All honour to these noble women! Let us, said the speaker, try to do something, in however small a degree, to perpetuate their memories by helping to expand and perfect the work inaugurated by them. They sowed the seed, the growth and fruitfulness of which had been great, but we must look well to the pruning and keep our garden free from weeds. Had St. Thomas' Hospital remained the only "School for Nurses" in the United Kingdom there would have been uniformity of education, and, possibly, as the higher demands arose for the fuller instruction of nurses, the authorities of that hospital might have met those demands and thus have lessened the need for legislation. As it was, almost every hospital in the Kingdom followed the laudable example set by the Nightingale Committee and instituted "training schools," each being a law unto itself. Hence the great variety in the forms or degrees of education, which had called forth the desire for uniformity, both in instruction and in the tests to be applied before "Diplomas in Nursing" were granted.

In conclusion, she urged the necessity for thoroughness, saying that after forty years' experience she would like to begin again.

DISCUSSION.

Miss V. Thurstan, Matron of the Spezia Hospital, Italy, said she thought it might be wise to consider the cause of the opposition to State Registration, in which some believed so absolutely. Was it not the rather grudging spirit shown in the recognition of work performed, that grudging spirit which was a relic of the dark ages when every bit of knowledge was grudging and attributed to alchemists, wizards and magicians. Two things had helped to overcome that—the introduction of printing, and the discovery of new countries, which had given a wider outlook and overcome the opposition to the people having knowledge.

The same grudging spirit was apparent still in the lack of official approval of nurses' work. What would pierce the thick ludes of our legislators was more than she could say, but nurses must combine and work together. There was the spirit of inertia to contend with amongst those who had got their own place in the sun. There was also timidity. The movement was not popular in high places, but nurses must be courageous. If they had not had a very good professional education themselves let them work for it for others and give the younger ones a chance. It was want of co-operation which prevented nurses from getting what they wanted.

The Hon. Albinia Brodrick said she, as a nurse, looked at this matter from the point of view of the public. It was asked what difference would registration of nurses make? It would make just this difference to the public—that they would have some guarantee that what they were getting and paying for was a decent article. At present it was like buying a pig in a poke. The public did not know much about it. She did not approve of what the United Irishwomen were doing in sending among the poor people untrained nurses. It was cheating the poor, and blocking legislation for better workers. She was aware that a southern hospital sent out nurses after fifteen months' training to nurse rich and poor alike. She resented that, for the sake of the sick poor among whom she lived. She stood there to demand registration for nurses, which should give to the sick poor something that was really good and not something that was shoddy. Nurses for the poor should be first-rate, not untrained women doing the work, and wearing the uniform of nurses. She did not see why anybody should pay to be murdered.

Miss Creighton said that the need of registration of nurses in India was as urgent as it was at home. She further urged that thoroughly qualified nurses should be sent to India as district nurses. As health visitors and workers in the houses of the people they could stamp out plague. The Government had failed, but women's work could do it.

Mrs. Haslam, the veteran Hon. Secretary of the Irish Women's Suffrage and Local Government Association, said that as the oldest woman present, and one who had the greatest admiration for the

profession of nursing, she was keenly interested in the Nurses' Registration Bill. It must be got through, and all nurses should unite with that object for registration was badly needed. She asked whether the opposition came from male doctors.

Miss Beatrice Kent said that in connection with the question of State Registration for Nurses she never liked to lose the opportunity of drawing attention to the fact that *THE BRITISH JOURNAL OF NURSING*, the nurses' professional organ, had been the one paper which had voiced the views of nurses on the registration question, and brought it to its present position in the sphere of practical politics. *THE JOURNAL* was the nurses' best friend, and all should realise this, and give it the support it deserved.

Miss E. M. Cunningham, Warden of Trinity Hall, Dublin, said that as a teacher she was very strongly in favour of registration, and she believed that the United Irishwomen were also in favour. What the Society did at present was to supply midwives to the poor, and they added a little general training because they thought that a little was better than nothing.

Mrs. Bedford Fenwick, replying to Mrs. Haslam's question, said that all the medical support the nurses had received from the medical profession had been given by men. The medical women had been peculiarly apathetic on the question of nurses' registration, and so far had done nothing to help them. She appealed to them to consider the question, and to give it their support.

Medical opposition came practically from the members of the honorary staffs of hospitals, whose committees were in opposition; this individual and interested opposition did not amount to much in comparison with the united demand of the thousands of independent medical practitioners who had repeatedly expressed themselves by resolution in favour of registration through the British Medical Association, the self-governing Association of the medical profession numbering some 26,000 practitioners.

Referring to the difference of opinion as to the standard of training sanctioned by the United Irishwomen, Mrs. Fenwick pointed out that midwifery and trained nursing were two distinct professions—although, if trained nurses also possessed a midwifery qualification, it was an ideal standard for those working amongst the poor. Midwives had their own legal status, and they should keep carefully to their own work for which they were educated, and not assume to be trained nurses which they were not. It might be considered expedient by some nursing associations to give them an elementary smattering of nursing knowledge, and represent them as nurses; personally she hated expediency.

Trained nurses were asking for just laws for the good government of their profession; and the public should recognise and support their legitimate and conscientious demand.

The vote on the Resolution was then taken, and passed enthusiastically, with but two dissentients; and was declared carried by the Chairman.

THE LAW AS IT AFFECTS NURSES.

THE INSURANCE ACT—AGREEMENTS
AND CONTRACTS.

Mrs. Dickie, M.A., LL.B., Insurance Commissioner for Ireland, then presented a paper on "The Law as it affects nurses," saying that the development of sick nursing, which had brought into existence a large, highly skilled and organised profession, was one of the most noted features of modern social life. She traced its development to religion, war, and science, and pointed out that scientific cleanliness now entered into all kinds of nursing, and had become the very life of modern surgery.

A profession, like property, had its duties as well as its rights, and nursing was faced with the fact that it must, like any other profession, become subject to the general law. It was not altogether an independent profession, inasmuch as it was carried on under the directions of medical practitioners, and the law of master and servant applied very often to the relation of nurses and patients when it would not apply to a doctor or surgeon. This distinction must be kept in view in considering the law applicable to the nursing profession.

Inasmuch as the nursing profession, as such, had not been long in existence as a body, a law specially applicable to it had not yet grown up, and we were compelled to gather the leading principles which governed it from a consideration of the law applicable to cases of physicians and surgeons on the one hand, and of masters and servants on the other.

Mrs. Dickie therefore divided her paper into two parts (1) A consideration of the law of negligence; and (2) Of the law of contract.

Negligence as defined by the law had been laid down as "the omission to do something which a reasonable man (or had Baron Alderson been speaking in the twentieth century Mrs. Dickie considered he would have said reasonable woman) guided upon those considerations which ordinarily regulate the conduct of human affairs would do, or doing something which a prudent and reasonable man would not do."

When, however, this doctrine was applied to a case requiring more than the knowledge or ability which any prudent man might be expected to have, the test defined by Mr. Justice Bailey was "whether the person has done all that any skilful person could reasonably be required to do in such a case."

The practical result of these two definitions was to show that a different degree of care would be required in the case of an ordinary man and of an expert, though if the ordinary man professed to be an expert he might be required to exercise the same amount of care as would be expected from the expert.

A qualified nurse, therefore, was bound to bring to the treatment of a case a fair, reasonable and competent degree of skill. Failing this, she was guilty of negligence and liable for the con-

sequences thereof, which might be proceedings of either a civil or a criminal nature.

In the one case an action for damages would lie against her, and in the other she might be prosecuted for manslaughter in the event of the patient dying as the result of her negligence.

This liability did not depend upon the question of remuneration. Having once entered upon a case she was equally liable whether she was paid or not.

The first duty of a nurse was therefore to render herself as competent as training and experience could make her, and the second to allow nothing to prevent her from paying proper attention to the case.

Mrs. Dickie then discussed the Law of Contract and its effect on the nursing profession. In a dispute between a nurse and her employer it was often difficult to ascertain the facts of the case owing to the want of written evidence. But unless a contract was to extend beyond a year the law did not require it to be made in writing. It was, nevertheless, desirable, and in the interests of the nurse Mrs. Dickie considered essential, that every contract of agreement made by her should be in writing. This need not necessarily be a formal document. The question of reasonable notice was determined by the custom among nurses in the case of contracts of a similar kind. This was very difficult to determine, and frequently the result of the decision might be altogether at variance with the understanding between the parties entering into the engagement. The question of custom amongst nurses with regard to notice had never been determined legally.

Employment under the Poor Law stood by itself, owing to the fact that Poor Law Guardians were under the control of the Local Government Board and that the duties of nearly every official were regulated by the Poor Law Acts or Regulations made under them; questions arose from time to time for decision whether the relations of master and servant existed between Poor Law officials, including nurses, and the Guardians. It had now been decided not only that Boards of Guardians were not responsible for the neglect of their subordinates, but also that the relation of master and servant did not exist in these cases.

With regard to dismissal, although it had been decided both in England and Ireland that no notice was necessary in the case of Poor Law Boards, still, in Ireland at least, a nurse once properly appointed could not be dismissed, but where no sanction had been given by the Local Government Board to the appointment no sanction could be required for dismissal.

In regard to the Workmen's Compensation Act and the National Insurance Act, in determining whether the provisions of these Acts applied to individual nurses it must first be decided whether the nurse were engaged under a contract of service or not. If employed under a contract of service, and an accident happened to a nurse in the course of her employment, or arising out

of the employment, she was entitled to compensation under the Workmen's Compensation Act. Mrs. Dickie then explained the general principles under which nurses were insurable under the National Insurance Act.

DISCUSSION.

Miss V. Thurstan remarked, in speaking of the law as it affected nurses, that all that nurses had to do with the laws of the land was to obey them. Neither they nor any of their sex had a voice in making the laws, or in choosing the men who made them. A "nurse" was not even recognised by the law, and if she came under any category it was as Mrs. Dickie pointed out, that of master and servant. Women were told to keep to their homes and rock the cradle, and when Bills were introduced into Parliament—such as those now on the Statute Book as the Midwives Act and the Children Act—which directly affected the rocking of the cradle, they had no share at all in the making of these laws. Nurses did national service—service for their country. They were not only consolers of and ministers to the sick, but they were also apostles of health, and teachers of the laws of sanitation. Those who legislated for them did not, however, recognise this service. Nurses desired from Parliament a law to protect their good name, their fair reputation. At present to belong to the nursing profession was like wearing a white garment which had been smirched in the mire. Immoral women might ply their arts in the nurses' uniform, under cover of their good reputation; nursery maids with towzled hair and dirty strings might walk out in it with their soldiers; women with a few weeks' training might do it, go out private nursing, and take full fees, and there was no redress. She also mentioned the case of a lady recently made a J.P., who adopted nursing uniform because she found it "opened every door." But we would demand from our legislators that they should recognise our ancient and noble profession. We would go on till they did. We should have gained this recognition before if our legitimate wish had not been frustrated over and over again by lay people, knowing little of nursing, and entirely misrepresenting the whole position. In conclusion Miss Thurstan said she appeared to have diverged from the question under consideration to that of State Registration, but it was really the key to the whole position.

Miss Roberts, Treasurer of the Nurses' Insurance Society of Ireland, said that private nurses working on their own account found a difficulty in getting their insurance cards stamped by their employers. These employers should understand that private nurses were just as much insurable as labourers and domestic servants.

Mrs. Bedford Fenwick, as President of the Trained Women Nurses' Friendly Society, England, spoke of the difficulty of obtaining just laws for women. The House of Lords had decided that a woman was not "a person." The Insurance Act was drafted entirely in the interests of out-working men, and in-working women such as

trained nurses had been lumped together with agricultural labourers; naturally their interests were not in any way identical. The majority of nurses detested the Act.

Contracts between hospital committees and probationers were not fair. The former could discharge at a moment's notice; thus the nurses' position was more insecure than that of ward-maids, who had the right to a month's notice, or in lieu of it a month's wages and board wages. Until women helped to make the laws they would discriminate unjustly against them.

Miss Musson raised the question of whether probationers not earning money came under the provisions of the National Insurance Act, and, Mrs. Dickie having replied, the conference adjourned.

RESIGNATION.

The resignation of Miss Davies, Matron of St. Mary's Hospital, Paddington, will surprise many and cause much regret. Miss Davies, who was trained at King's College Hospital, London, was afterwards Assistant Matron at University College Hospital, won for herself the reputation of a good organiser and Matron at Queen Charlotte's Hospital, a reputation she has maintained at St. Mary's, where she has done much for the development of the nurse-training school. Miss Davies is also Principal Matron of No. 2 City of London Territorial Hospital.

We regret to learn that Miss Davies is at present on the sick list, but hope that with rest her health may be fully restored.

PRESENTATION.

Miss Knowles, Matron of the Hospital for Consumptives at Armley, Leeds, who has been appointed to a similar position at the Leeds Public Dispensary, has been presented by the patients of the institution at Armley and their friends with a silver sugar basin and tongs, by the nursing staff with a silver cream jug, and by the servants with a silver flower vase.

THE NATIONAL UNION OF TRAINED NURSES.

The Lewes Branch is very desirous of inaugurating the Union throughout the county, and with this object the Committee will be very glad to receive applications for membership from any nurse living in the county. It will then be possible as membership increases to arrange affiliated branches in the most convenient centres, so that members can obtain the greatest advantage from the Union. Any application for membership will be gladly received, and information given by the Branch Secretary, Miss Farrant, 14, Bradford Road, Lewes.

A General Meeting has been arranged for Lewes on June 27th, when an address on Tuberculosis will be given, and the members afterwards entertained at the Sanatorium. There will be two more meetings during the year, the subjects of which will be decided by the Committee later.

APPOINTMENTS.

MATRON.

Staff Quarters, Pernambuco, The Great Western of Brazil Railway Company. The two appointments of Matron have been filled: (1) By Miss Mary Brockie, trained at St. Giles Infirmary, Camberwell, where she was Sister for two years. She has also done private nursing at Liverpool, and is now Sister at the Birmingham and Midland Eye Hospital. Miss Brockie holds the certificate of the Society of Trained Masseuses.

(2) By Miss C. R. Mendling, who was also trained at St. Giles Infirmary, Camberwell, has done private nursing in Liverpool, and is now Sister at the Royal Orthopaedic Hospital, Birmingham. Miss Mendling holds the certificate of the Society of Trained Masseuses.

The fact that these two ladies are friends will make their work in a new country less lonesome, and we wish them success and happiness.

Bolingbroke Hospital, Wandsworth Common, S.W.—Miss Muriel Foster has been appointed Matron. She was trained at St. Thomas's Hospital, London, and has held the following posts:—Holiday Sister, Hospital for Sick Children, Great Ormond Street; Sister, Queen Charlotte's Hospital; District Superintendent and Assistant Matron, Liverpool Maternity Hospital; Assistant Matron, Royal Southern Hospital, Liverpool. Miss Foster holds the following certificates:—Central Midwives Board, Incorporated Society of Trained Masseuses, and the Royal Sanitary Institute.

NURSE-MATRON.

Carlton Isolation Hospital, Near Worksop.—Miss Isabel Ireland has been appointed Nurse-Matron. She was trained at the Infectious Hospital, Hull, and has been on the staff of the Evan Fraser Hospital, Sutton, Hull, for 4½ years.

Victoria Cottage Hospital, Watton, Northok.—Miss E. Linton has been appointed Nurse Matron. She was trained at the Burton-on-Trent General Hospital, and has been Nurse Matron at the Cockermouth Cottage Hospital and at the Hospital, Lynton, N. Devon.

HOME SISTER.

The House of Recovery and Fever Hospital, Cork Street, Dublin.—Miss Edith M. Harrison has been appointed Home Sister. She was trained at the Plarstow Hospital, London, E., and the St. Marylebone Infirmary, London, and has held the positions of Ward Sister at the Hord Hospital, Chadwell Heath, Ward Sister and Night Sister at the City Hospital North, Liverpool, and Night Sister and Assistant Matron at the County Borough Hospital, Warrington.

SISTER.

Chiswick Hospital, London, W.—Miss Norah Glem has been appointed Sister. She was trained at the Royal Infirmary, Leicester, and has held the position of Sister at St. Bartholomew's Hospital, Rochester, and of Sister at Queen Mary's Hospital, Carshalton.

QUEEN VICTORIA'S JUBILEE INSTITUTE. TRANSFERS AND APPOINTMENTS.

Miss Norah Terry is appointed to Three Towns as Superintendent. She received general training at Leicester Infirmary, midwifery training at St. Mary's, Fulham, and district training at Shore-ditch (Haggerston), and has since held several appointments under the Queen's Institute, including that of Superintendent of the Grimsby D.N.A. Miss Terry holds the C.M.B. Certificate and the Diploma of the Apothecaries Hall for Dispensing. Miss Susan R. Shaw is appointed to Grimsby as Superintendent. She received general training at Birmingham, midwifery training at Surrey Square, and district training at St. Patrick's Home, Dublin, and has since held the following appointments: Queen's Nurse, Cockermouth, Milford Haven, Bognor, Redbourn and Chelsea, and Superintendent (temporary) for the East London Nursing Society (Central Home).

Miss Emily Browning has been appointed to Beccles as Senior Nurse, Miss Amy Bignill to St. Heliers, Miss Agnes Clements to Ipstones, Miss Margaret Cretney to New Mills, Miss Lily Sutcliffe to Stockport, Miss Edith Symons to Clevedon.

FOREIGN APPOINTMENT.

Miss Florence M. Skerman has, with much regret, resigned her position on the staff of the Registered Nurses' Society, 431, Oxford Street, London, W., in connection with which she has been working as a private nurse since 1901 in order to accept an appointment as Sister at the Strangers' Hospital, Rio de Janeiro. The Society also will lose Miss Skerman's valued services with regret, for it is not easy to replace experienced and successful private nurses, but it is gratifying that the resignations of members are usually due to their being offered good appointments.

Miss Skerman holds the three years' certificate of Guy's Hospital, and at the conclusion of her training worked as a Nursing Sister in the Greek War, receiving the distinguished order of the Greek Red Cross in recognition of her services. On her return she held the positions of Night Superintendent at Gore Farm Hospital, Dartford (M.A.B.) and Assistant Matron at the Metropolitan Convalescent Home. For 1898-1901 she was Nurse at the Strangers' Hospital, Rio de Janeiro, joining the Registered Nurses' Society on her return.

MEDALS AND CERTIFICATES.

The medals and certificates awarded to successful nurses at the Royal Devon and Exeter Hospital, Exeter, at the recent examination, and on completion of their training, were presented by the Mayoress, Mrs. Michelmore, last week. Mr. S. F. Pope, Chairman of the Nursing Committee, presided.

The successful nurses were:—*Gold Medal*, Nurse Cox; *Silver Medal*, Nurse Sawell. Next in order of merit were Nurses Macbeth, Cullum, Moran, Burton, Murphy, Thornton, Lewis, Smale, Parr, and Friar. Certificates were awarded to Sister Westlake (who won the gold medal two years ago), Nurses Coates, Button, Gregory, Purchase, and Hocking.

NURSING ECHOES.

A meeting representing the following Branches of the nursing profession was convened by the National Union of Trained Nurses at their Offices, 39, Great Smith Street, Westminster, on June 12th:—

- Hospital Nurses.
- District Nurses.
- Poor Law Nurses.
- Private Nursing Institutions.
- The National Council of Trained Nurses.
- The National Union of Trained Nurses.
- Nurse-Midwives.

The following resolutions were passed:—

It is the opinion of this meeting that the following resolutions should be submitted to the Insurance Commissioners:—

1. That self-governing bodies of Trained Nurses should be represented on the Advisory and Conjoint Insurance Committees.

They beg to call the attention of the Commissioners to the fact that Nurses are the only body of workers affected by the Act who have not already been accorded such representation, and that as a Health Act nurses are more intimately associated with the working of it than any other class, and that they are essential to the efficient working of the Act.

2. They are of opinion that it is the duty of the Government to provide an adequate Nursing Service for insured persons, and if necessary to make such a Treasury grant as may be necessary to put the matter on a firm financial basis.

3. They earnestly desire that Section 21 should be amended as follows: that following the words "and to appoint nurses" shall be inserted "who shall have had at least three years' consecutive training in Hospitals or Infirmaries of not less than 100 beds, and which maintain a resident Medical Officer" for the purpose of visiting and nursing insured persons.

A number of ladies and gentlemen representative of various bodies concerned with nursing, met by invitation of Mr. John Burns, President of the Local Government Board, at the offices of the Board on Saturday last when Sir H. C. Monro occupied the chair, to discuss the position of district nursing in London and the possibility of bettering it.

The President said that in the important matter of district nursing it was necessary that there should be unification of aim, and co-ordination of effort in order to prevent not only waste of money, but also of time, devotion and energy. He was anxious that a permanent

Committee should be established which would serve as a bureau or centre for the different agencies to co-ordinate their work. He spoke in the highest terms of the value of the work of district nurses.

The following provisional committee, with power to add to its number, was appointed to prepare and promote a scheme to bring the bodies concerned in district nursing in London into closer co-operation: Mr. Alfred Ellis, of the Metropolitan Federation of Queen's Nursing Associations; Miss Hughes, of the Queen Victoria's Jubilee Institute for Nurses; Miss Puxley, General Secretary of the Ranyard Nurses; Miss Christina Gregory, of the Southwark, Newington, and Walworth District Nursing Association; Sir Arthur Downes, M.D., of the Local Government Board; Mr. Warburg, L.C.C.; Mr. J. A. Dawes, M.P., Chairman of the London Insurance Committee; Canon Curtis, Chairman of the Wandsworth Board of Guardians; Mr. F. Briant, J.P., L.C.C.; Chairman of the Lambeth Board of Guardians; and Mr. C. S. Loch, Honorary Secretary of the Charity Organisation Society.

Miss Barton, as President of the Poor Law Infirmary Matrons' Association, has forwarded to the President of the Local Government Board—in tabulated form—extracts from over one hundred communications which she has received from Superintendent Nurses in rural unseparated workhouses dealing with the position of the Superintendent Nurse under the proposed Poor Law Institutions Draft Order.

The correspondents practically all agree that the Superintendent Nurse should have direct personal access to the Committee; that she should be directly responsible to the Medical Officer for the nursing and care of her patients, and should not be subservient in the sick wards to the Workhouse Master or Matron. That she should be consulted by the Committee in the choice and recommendation of nurses for appointment, and should have full control of the nursing staff, arranging for their leave of absence and all other matters in connection with their discipline and welfare.

The members of the Poor Law Infirmary Matrons' Association are most anxious that in any Orders issued by the Local Government Board the conditions with regard to the Superintendent Nurses may be such as will attract really good, capable, fully trained nurses to these most important and responsible posts.

The position at present of the Superintendent Nurse in the unseparated workhouse is ill-defined. There is a good deal of overlapping of duties and responsibilities, which in too

many instances leads to friction and prevents the best candidates from applying.

We entirely agree with the point of view of the Association, of which the President of the Local Government Board will do well to take note. The best nurses will not apply for the position of Superintendent Nurse so long as they are under the control of the Workhouse Master or Matron.

As the credit of the progressive work of Miss Dorothy Snell, as Matron of Queen Elena's Nursing School in Rome, and of Miss Wheatley under the British Red Crescent Society in Turkey, has been given, without contradiction, to the London Hospital, we may mention there are other hospitals in the United Kingdom which have nurses. Miss Snell was trained at the London Homœopathic Hospital, and Miss Wheatley at the Westminster Hospital, both of which schools demand a three years' standard of experience before certification.

Sisters Haswell and Park, R.N.S., have for some weeks past been working hard at Knaijevo, Sofia, and have had the satisfaction of seeing good results. The gratitude of the poor Turk is quite pathetic they find. The English Mission were at Knaijevo all winter, and moved to Adrianople when the siege was raised, when the hospital was worked by the Bulgarians and a Russian doctor. Since that time it was quickly filled with wounded. About a month ago Sister Park was transferred to the medical side, and has been in charge of a large ward for typhus fever. At present there is quite a cosmopolitan community at Knaijevo. Turkish patients; 1 Russian, 1 Italian and 3 Turkish doctors; 2 English, 2 Bulgarian and 1 Russian Army Sister.

The fact that our Sisters keep on working systematically without supervision or being "whipped up" causes some surprise. They are to move on to Adrianople to see the city

and will then soon return home. Both Sisters have kept very well in health.

Under the heading of "Malicious Criticism" the *American Journal of Nursing* this month remarks editorially:—

"With its usual contemptuous attitude toward everything that has to do with the raising of nursing standards, whether at home or abroad, the *Hospital*, an English nursing publication, has taken occasion to ridicule that portion of the 'History of Nursing' which deals with conditions in England at the present time. The heading of this review is 'A Comic History of British Nursing' and the comments



CROSS AND CRESCENT.

SISTERS HASWELL AND PARK, OF THE R.N.S., AND BULGARIAN SISTERS.

are in keeping with the title. We have for many years consigned this magazine to the waste-paper basket when it has come to our office, without opening it, and this review comes to our notice only through a clipping sent to us. The whole account is another evidence of the malicious character of the opposition that the small group of progressive English nurses have to combat."

We thank the Editor of the *American Journal of Nursing* for her perspicuity. The journal she alludes to is of no account in this country; but its chief proprietor Sir Henry Burdett is only human, and as the "History" exposes his most contemptible attempt, for a long

series of years, to intimidate, whilst exploiting the nursing profession, we cannot expect him to enjoy the truth. Let it be a lesson to men of his type. Englishwomen to day are not to be browbeaten by insult from those they despise—nor to be deluded into accepting patronage from those who use their profession as a commercial asset. Let hospital governors of his kind be satisfied that they owe the chief part of their incomes to profits on nursing and hospital newspapers, without expecting the modern woman to accept as philanthropy their financial exploitation.

Miss Gretta Lyons writes from Melbourne: "I am sorry you were unable to have trained nursing recognised as a qualification for the Lyceum Club in London, but after all it is not to be wondered at, when we realise that nursing matters and standards are in such a chaotic state in England, and as far as I can see will remain so until State Registration gives the legal standing to nurses that is theirs by right. . . . I observe the London Hospital authorities are strongly opposing the Nurses' Bill. What a pity the Managers do not attend to the abuses within their own building. I feel indignant every time I think of the sweating of nurses that goes on at that Hospital—one wonders how the nurses can be gulled into trusting a judgment which opposes such a far reaching question as their registration. When visiting the "London," I was informed by Miss Lückes, the Matron, that they did not train for us, but we had to refuse registration to one of their trainees recently, as she had only a two years' certificate of training and two years service, and our regulation provides that a nurse must have three years' training. Cannot girls be made to realise how disadvantageous it is to train in a school which undermines the universal three years' standard of training? . . . I feel sad when I think of the misery the women of England are going through. The women out here who loudly condemn militant methods, little realise the provocation, which has produced these heroic acts of self sacrifice, and may the future women of England be worthy of what has been done and endured upon their behalf."

In reply to Lady Helen Munro Ferguson's letter in the *Spectator* commenting on the commercial element in the nursing department at the London Hospital, Mr. Sydney Holland demonstrates how passing rich the private nurses are on £35 a year! He however omits to inform the public by how many thousand pounds a year the hospital benefits through participating in their earnings.

LEGAL MATTERS.

"NURSE BETTY."

At Marlborough Street Police Court on Saturday last Detective Inspector Curry and Detective Sergeant Burnby, of the White Slave Traffic Suppression Branch, and Detective Sergeants Leach and Henry, of Vine Street, were concerned in a case in which Miss. Queenie Gerald, a fashionably dressed woman, occupying a flat at 1, Abingdon House, over the Piccadilly Tube, was charged with living on the immoral earnings of young girls.

The interest of the unsavoury story unfolded, for trained nurses, lies in the fact that when the police raided the premises on Saturday evening the door was opened by a woman dressed as a nurse, known as "Nurse Betty," though that was not her proper name. She described herself as a mental nurse. The officers saw the defendant and two girls in the flat, and took possession of a considerable amount of documentary evidence.

When conveyed to the police station, the defendant had over £200 in her hand-bag, and a quantity of valuable jewellery. A large number of wine and spirit bottles were found, and 200 lilies-of-the-valley were placed about a room.

Mr. Muskett, who opened the case, read two of the letters found, one of which offered £5 for the procurator of a girl.

One of the girls also gave evidence.

The case was adjourned to Thursday, June 19th, bail being refused.

NURSE CHARGED WITH ROBBING AN M.P.

Mary Evelyn Dashwood, of Lingfield, was, on June 7th, remanded by the Eastbourne magistrates on a charge of stealing £10 belonging to Captain Pretymann Newman, M.P., to whose aunt she acted as nurse. It is stated that the prisoner when arrested was under the influence of drink. On Friday, June 13th, the prisoner was brought up on remand, when a detective gave evidence that 100 empty gin bottles were found in her bedroom.

Captain Newman stated that he employed the accused to nurse his aunt. She had to submit an account of the money expended on household expenses, and he then sent her cheques for the amount. On June 2nd he went down to Eastbourne, and discharged the nurse forthwith. He asked for an account of the money which had been remitted, and she produced a book, but on enquiry he found the accounts had not been paid. He did not press the charge. It was further stated that the nurse had been taking venereal.

She was bound over for two years on condition that she abstained from drink.

The moment seems opportune for securing the interest of members of Parliament in the Nurses' Registration Bill.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

Her Royal Highness Princess Louise, Duchess of Argyll, will lay the foundation stone of the South London Hospital for Women on Tuesday, July 1st. The hospital, which is to be officered entirely by medical women, is to be built on a site facing Clapham Common. Of the £55,000 required to build and equip the hospital, £40,000 has already been subscribed and the Board of Management hope to raise the remaining £15,000 before July 1st, so that the hospital may be free of debt when the foundation stone is laid. The Hospital has received a donation of £100 from the Worshipful Company of Clothmakers.

The Committee of the West London Hospital, Hammersmith, have decided that no more fitting tribute can be paid to the memory of its former President, the late Duke of Abercorn, than by erecting new accommodation for the nursing staff and to name it the "Abercorn Home for Nurses." At present the nurses are crowded into seven private houses. Owing to want of space it is impossible to make adequate provision for them, and most of the bedrooms are shared by two or three. The question of the proper housing of the nursing staff was one in which the late Duke took the greatest personal interest, and in the hope of improving matters an appeal was made under his direction which resulted in some £2,000 being subscribed towards a new "home." A further £10,000 is required to carry out the work.

The Fourth Annual Conference of the British Hospitals Association will be held at Oxford from June 25th to 28th. On the first day Sir William Osler will deliver his presidential address, and the remainder of the morning session will be devoted to the consideration of the National Health Insurance Act. The other subjects which will be discussed at the conference include "Tuberculosis and the General Hospitals," and "The Upkeep of Hospitals."

The new Cottage Hospital at Hendon, for which the ground was given by Sir Audley Nield, and which has been built by public subscription, as a memorial to King Edward VII, was opened on Saturday by Princess Henry of Battenberg. The Hospital is most charming, and the Committee are to be congratulated on the result achieved. The furnishing has been accomplished very quickly, and Miss Punchard, the new Matron, demonstrated her capacity in the way in which everything was in apple-pie order by the appointed time, a result accomplished with the aid of many willing helpers. The wards looked most dainty, and the little theatre was equipped in the most up-to-date way.

SECOND GUILDHALL SCHOOL CONFERENCE.

The programme of the Second Guildhall School Conference on June 30th and July 1st, will cover a wide field. The opening session will be devoted to a discussion of papers, which will be printed and circulated in advance, on the working of the English and Scottish Acts governing the provision of meals for necessitous school children. At the second, the educational aspect of the problem, the meals of the country school children and the relation of school and home will be considered. The morning of July 1st will be taken up with a discussion of the teaching in public elementary schools of personal hygiene, food values, catering and cookery, while the concluding session will be devoted to the consideration of diet, cookery, and hygiene in day and residential institutions for children and adolescents, both public and philanthropic, including open-air and special schools, reformatories, industrial schools and Poor Law institutions. Among the organisations represented on the Committee are the National Union of Teachers, Medical Officers of School Association, London Teachers' Association, Infirmary Medical Superintendents' Association, Teachers' Guild of Great Britain and Ireland, National Federation of Women Teachers, Association of Teachers of Domestic Subjects, British Medical Association, National Federation of Class Teachers, and British Dental Association. Full particulars will be sent to anyone forwarding a stamped addressed envelope to the Secretary, National Food Reform Association, 178, St. Stephen's House, Westminster.

WOMEN WRITERS' SUFFRAGE LEAGUE DINNER.

On July 2nd the Women Writers' Suffrage League will have a Dinner at the Criterion Restaurant, and THE BRITISH JOURNAL OF NURSING is arranging a table. Mrs. Flora Annie Steel, the President, and Mrs. Humphry Ward will speak on this burning question, in support and in opposition. The Editor will be pleased to hear from those who wish to attend, and have seats at THE BRITISH JOURNAL OF NURSING table, as soon as possible.

HOLIDAY TOURS.

Now that the holiday season has begun, nurses are often glad to know how by co-operation with others, they can spend the brief time of relaxation their work permits them to the best advantage. A Notice of the Women's International League and Travel Society, 106, Victoria Street, London, S.W., appears on page viii, and as we understand that the tours it organises are very convenient for nurses, and appreciated by them, we advise those who have not yet made their holiday plans to communicate with the Secretary.

OUTSIDE THE GATES.

WOMEN.

The Illinois legislature has passed a Woman's Suffrage Bill, and it will become law next month.

The Senate in New York has also reported in favour of a Constitutional amendment enfranchising women, but as this has to be endorsed both by Congress and by the State legislatures, the earliest date at which it can take effect is 1915.

The Women's Local Government Society, of which Lady Strachey is President, is organising an American Fair, to be held at the Kensington Town Hall, on Tuesday, June 24th, in aid of its funds. A very attractive programme announces a country produce stall, a cake and sweet stall, flower stall, basket stall, Bruges pottery stall, &c. Silhouette portraits will be taken by Mr. Handrup. There will be concerts arranged by Mrs. Sidney Allen, a dramatic interlude and recitations arranged by Mrs. Alec Tweedie, English Folk Dances, sketching of Cats by Mr. Louis Wain and other attractions.

BOOK OF THE WEEK.

"PATCHWORK COMEDY."*

Carfew (the explorer), Morton (the sculptor), and Lady Gillanby are the three personages that come uppermost in this novel, though there are many others of interest. Young Lady Gillanby was beautiful, something of a Bohemian, and married to an elderly roué. At the time the story opens, she had already filed a petition for divorce. She had been thrown much with Morton in Paris before her marriage. Her father had been a famous water-colour painter, and she herself had dabbled in art. Carfew, on his return from his travels, is amused that the boy he had left a student in Paris three years before is obviously championing the cause of the young wife against her elderly husband. After an introduction to her, he tells Morton, "I like your ill-treated wife; she has intelligence, and is far too good-looking to be a safe friend for a child like you. Besides, there's something about her that means she's going to find a lot of trouble. She seems a woman who is asking very much of life; and intending also, to get what she demands."

"Do you call that a fault?" protested Morton.

"A fault!" Carfew answered, speaking seriously. "Who mentioned faults? I call it the final misfortune, or the greatest blessing. I don't know which. In any case, it means pain as well as happiness."

We quote the following passage that our readers may judge for themselves something of the manner of Margery Gillanby's upbringing.

"Very soon after Margery had reached an age

when she could sit an hour or two in the evenings listening to the talk, the frequenters of the studio forgot their restraint before her, speaking their minds freely and without disguise. Once a newcomer to the nightly gathering had pulled himself up short in the middle of a sentence, looking uneasily at the girl. 'Look here, my friend!' her father had interrupted, 'don't take fright; also don't hint at things; Meg isn't an ordinary female infant; she won't come to any harm from plain talk either.' Which, thenceforth, had been the standpoint of Rempton's friends in regard to their treatment of his daughter. She learned three rules for her guidance, and had seen their worth daily in the ordering of her father's life: That she should think for herself; that she should seek light and joy and beauty; and that she must avoid the false delusion that silence and an averted face mean either ignorance or virtue."

We are not surprised, therefore, to find that Margery with all her youthful charm was a person who called a spade a spade, and refused to put an end to her perfectly harmless intimacy with Morton, to please the scandalmongers of her circle.

Michael Morton, however, was not to gain the object of his desire, for when Margery is free, by the death of her husband, it is Carfew who wins her.

"I wonder, my husband," said she, and laughed softly at the title, "whether there is, or has been, anyone in all the world who saw the way plain from the start, and just followed it without swerving. We go on changing, seeing all the important things in another light till we die. . . . We'll do our work in company now, dear; and we shall be able to explain to each other what frightfully hard toil it is."

Carfew bent his head, and kissed her.

Touching no originality in a business far from original, they told each other that their love was greater than the love of common, more lethargic creatures.

H. H.

COMING EVENTS.

June 24th.—Conference convened by the Penal Reform League. The Hon. Secretary will open a discussion on "Women Prisoners from Arrest to Rehabilitation." 11, Chelsea Embankment. 3.30 p.m.

June 28th.—Garden Party of the C.L.S.A. Nu ses' League, at the City of Westminster Union Infirmary, Hendon. 3 to 5 p.m.

July 1st.—Conference on Diet, Cookery, and Hygiene, in Schools, Guildhall, London. 10.30 a.m. to 5.15 p.m.

July 2nd.—Women Writers Suffrage League Dinner, Criterion Restaurant.

July 4th.—Bedford College for Women, London. The Queen opens the new buildings, Regent's Park.

A WORD FOR THE WEEK.

Real joy comes, not from ease, not from riches; not from the applause of men, but from having done things worth while.—*Grenfell*.

*By Humfrey Jordan. (G. P. Putnam's Sons; 24, Bedford Street, Strand, London.)

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

OUR INVALUABLE JOURNAL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—My empty purse prevented me attending the Nursing Conference in Dublin, much to my sorrow, but I thought of you all during the week. The next best thing to attending was reading the wonderful account of all your doings in our invaluable journal. Few can realise the fine organisation and detailed labour required to issue such a report within the week. I for one member of the N.C.T.N. thank you and Miss Bray most heartily for the inspiration contained in THE BRITISH JOURNAL OF NURSING. I am so glad the Irish Nurses' vote was solid for State Registration.

Yours truly,

EMILY C. BARNES.

THE IRISH VOTE SOLID FOR REGISTRATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am delighted to note in last week's issue that you have claimed for us that "we may take the Irish vote as solid for State Registration" at the Dublin Conference. The two Matrons who voted against have a perfect right to their opinion; but they came to Ireland from anti-registration schools in England (the London and St. Thomas' Hospitals) so we Irish nurses cannot agree that they represent Irish nursing opinion, and it is quite natural that we should object to be dictated to in forming our professional opinions by London Hospital Managers. This is one of the reasons why we should prefer the Dublin matronships filled by those trained in our own hospitals and schools of thought. I should like to offer thanks and congratulations to Mrs. Strong and other members of the Scottish Nurses' Association, who loyally supported the Irish vote on registration.

Yours sincerely,

A MEMBER OF THE IRISH NURSES' ASSOCIATION.

THE NURSING PAGEANT AND TABLEAUX.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Surely one of the most elevating influences of the recent gathering of nurses in Dublin was the lessons of the Nursing Pageant in the Procession of Immortals at the opening reception, and the tableaux at the Abbey Theatre. To realise the splendid deeds of our progenitors should surely make every nurse feel her responsibility to hand on a noble nursing spirit to future generations of nurses. The high professional tone of the Conference, the able manner in which nurses took the chair, conducted the business,

and spoke at the Banquet must have convinced the medical men and others who were present that we are no longer a class which may be ignored, and treated as the public often treat nurses in Ireland as illiterate domestic workers. It is my opinion, and that of many of my colleagues, that evidence of so much ability amongst the members of the National Council of Trained Nurses, of which the Irish Nurses Association is an important part, will do great good in Ireland, not only showing the value of our work to the community, but our social qualities. I have heard from many sources, since our great gathering was over, that its influence will help our demand for legal status in no small degree.

Yours very truly,

AN IRISHWOMAN.

OUR PRIZE COMPETITIONS.

June 28th.—What are the complications to be watched for during the puerperal period?

July 5th.—What is Leprosy, and how may it be treated?

REPLIES TO CORRESPONDENTS.

American Nurse, London. Why do you not take the *American Journal of Nursing* monthly; it is an admirable publication, professional and highly ethical in tone. Subscription, 2 dols. a year. Published by J. B. Lippincott Co., 227, South Sixth Street, Philadelphia, U.S.A.

Sister, Ophthalmic Hospital.—We should advise you to apply to the Colonial Nursing Association, Imperial Institute, S.W. You will find all the information you require in "A History of Nursing," by Miss L. L. Dock, four volumes, price 2 guineas. Putnam's Sons, 24, Bedford Street, W.C., are the publishers. It will help you to realise how much your predecessors have done for your benefit by their courage and devotion to duty. The two first volumes have already been translated into German by Sister Agnes Karll, who will send her next *h lidy* translating the third volume.

NOTICES.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

STATE REGISTRATION OF TRAINED NURSES.

Full information as to the movement for the State Registration of Trained Nurses, and application forms for joining the Society can be obtained from the Hon. Secretary of the Society for the State Registration of Trained Nurses, 431, Oxford Street, London, W.

The Midwife.

A JUST MIDWIVES ACT FOR IRELAND.*

By MISS MARGARET BREAY.

Vice-President of the Matrons' Council of Great Britain and Ireland.

It is always wise to benefit by the experience of others, and the fact that England has been the first of the three kingdoms to experiment in the registration of midwives makes it easier for Scotland and Ireland to frame their own Bills, to adopt what is good, to eliminate that which has been proved, after practical experience, to be undesirable. It is with this end in view that I venture to present to this Conference some brief suggestions based upon a prolonged observation of the proceedings of the Midwives Board from the point of view of those lookers-on who are popularly supposed to see most of the game.

First, as to what the Midwives Act has achieved. For better or worse the Act is the offspring of the Midwives Institute, which may congratulate itself, after years of hard work, upon having placed an Act upon the Statute Book which secures these things. The publication of the names and addresses of all midwives who have passed the tests prescribed by the Board in the Midwives' Roll; the admission to the Roll after April 1905 of only such midwives as have given proof of a minimum amount of professional knowledge through a Central Examination; the restriction of the practice of midwifery in England and Wales to those whose names appear on the Roll; the protection of the name of certified midwife; and the prohibition to practice midwifery, under legal penalty, habitually and for gain, by any women who are not so qualified.

The single portal examination, inadequate as we must hold the previous minimum preparation of three months to be, has standardised the education of the midwife and laid a foundation on which to build, and the State recognition of the qualification of the midwife has increased her prestige, so that possessed of that little knowledge which we know is a dangerous thing, she not infrequently gives evidence of the condition known as "swelled head," and patronisingly explains to the trained nurse—who has given three years to learning her business—her professional inferiority because "I can attend cases without a doctor, and you can't."

On the other hand, the trained nurse who has gained her midwifery certificate as an additional qualification to her general training, when asked if she intends to practice as a midwife replies, not unfrequently, with indignation and scorn, "Certainly not!"

* Read at the Nursing Conference, Dublin, June 5th, 1912.

I think we must regard the Midwives Act, with its very elementary professional requirements, its short term training, its lack of representation of the class governed on the Governing Body, as what our American colleagues call an "opening wedge" rather than as the final solution of the midwife question. It is advisable, therefore, to inquire in what directions it may be amended, and what points Scotland and Ireland when initiating legislation should avoid, for it is certain that sooner or later legislation in regard to both midwifery and nursing which is in force in one kingdom will be introduced into the other two. The National Insurance Act has demonstrated beyond a doubt what nurses knew before, that they constantly move from one country to another, and this applies to midwives. It is at present a real hardship to Irish midwives, who hold qualifications second to none, that they may not practice their profession in England unless they first pass the examination of the Central Midwives Board in England or Wales, for there are no examination centres outside the two countries in which the Board has jurisdiction.

The Midwives' Act was passed in 1902, "to secure the better training of midwives, and to regulate their practice"—though it is silent as to the means of securing the former, and practically this has been undertaken by private or public philanthropy. Amongst the latter we must include County Councils, which have, in many instances, granted scholarships for training purposes. It is admittedly an Act in the interests of lying-in women; and the Chairman of the Board plainly announces that he holds office in such interests. Any protection they can obtain they need; but the Act also intimately affects midwives, and no Act can be considered just which does not protect the interests of both the lying-in woman and the midwife. To be just to midwives the Act should, in my opinion, secure for them a thorough professional training, provide for their direct representation on the Central Midwives' Board, give to those midwives who are engaged in the practical training of pupils, the status as well as the work of teacher; and, lastly, the Board, when it sits, under the Authority of the Act to decide upon the removal from the Roll of any midwife for disobeying the rules and regulations which it has laid down, should do so in an entirely judicial capacity.

In regard to training, the quality as well as the length of training must, of course, be taken into account; but the former is protected by the fact that hospitals and institutions which desire to receive pupils with the object of preparing them for the Board's examination must first apply for its recognition. The length of training is of the utmost importance to the quality of the

work. The reason why midwifery—or at any rate better class and remunerative midwifery—has passed almost entirely into the hands of the medical profession is that it was developed by them upon scientific and therefore safe lines; while the professional education of midwives, if indeed, they had any at all, remained for many years later most elementary. Yet, less than a century ago, the President of the College of Physicians at that time wrote that the practice of midwifery was “an act foreign to the habits of gentlemen of enlarged academic education,” and later a distinguished surgeon told a Select Committee that “it is an imposture to pretend that a medical man is required at a labour.”

Therefore, if midwives receive a thoroughly sound professional training, it seems as if midwifery as a profession for women may once more have a useful future; but midwives with only a three months' training will never recover the ground they have lost. I believe that the large majority of those who prepare pupils for the examination of the Central Midwives' Board would like to see the course lengthened, and consider that the present short term sanctioned necessitates undesirable cramming. But training schools are unwilling on their own initiative to lengthen this term, because the competition for pupils is considerable, and if one school lengthens its training, and consequently has to raise its fees, candidates will probably enter the short term and cheaper schools.

But the Central Board, to whose requirements all the schools have to conform, could easily insist on a longer term of practical work, and it seems to be one of the first duties of a Midwives Board to safeguard the standard of education for midwives, and to ensure that when they are sent out into the world to undertake the grave responsibilities which will inevitably fall to their lot, they shall be thoroughly equipped for them, and shall not be subjected to overstrain, or fail at a critical moment, because of the insufficiency of their practical preparation.

If it is asked what should be the term of training for a midwife I do not think that anything under a year can really be regarded as satisfactory. I will quote an authoritative opinion which none will gainsay, that of Miss Florence Nightingale, who, in 1872, wrote “I call a midwife a woman who has received such a training, scientific and practical, as that she can undertake all cases of parturition, normal and abnormal . . . such a training could not be given in less than two years. . . . No training of six months could enable a woman to be more than a midwifery nurse.” The duties and knowledge required of midwives have certainly not decreased since Miss Nightingale's day. I submit therefore that a just Midwives Act must include justice in regard to educational advantages for midwives.

The next thing to be considered is the composition of the body which governs the midwives, and I claim that no Act is just which does not give to midwives representation on the body which

makes the rules which they are compelled to obey. The composition of the Central Midwives Board in England does not fulfil this fundamental requirement, and we must consider the Act unjust in this respect. As at present composed it consists of four medical practitioners, members of medical corporations, and the Midwives Institute, two persons (one a woman) appointed by the Privy Council, one by the Associations of County Council, one by the Queen Victoria's Jubilee Institute for Nurses, and one by the Royal British Nurses' Association. The nominee of the Q.V.J.I. happens to be a midwife, and her services on the Board have been invaluable, but there is no guarantee that her successor will be a midwife, nor should this be left to a chance appointment. I commend to the consideration of Irish midwives that they should bring all the pressure they can to secure the incorporation of direct representation of the midwives themselves on their governing body in any Bill introduced for their control. In the Midwives Bill for Scotland, introduced into the House of Commons in April 1912 by Mr. Barnes, but not proceeded with, provision is made for the appointment of two midwives on the Board to be created by the Privy Council. This is an improvement on the English Act and a recognition of the right of midwives to representation on their governing body, but nothing is the equivalent of the privilege of electing direct representatives.

It should be noted that in a Bill introduced into the House of Lords by the Lord President of the Council, “to amend the Midwives Act, 1902,” in which the reconstitution of the Board was provided for, the Bill, as first introduced, provided that the two members to be appointed by the Incorporated Midwives Institute, and the member appointed by the Royal British Nurses Association must be certified midwives. It is greatly to be regretted that, at the instance of the bodies concerned, this was altered in Committee (on July 26th, 1910), the Midwives Institute preferring to be represented by “two persons, one a midwife,” and the Royal British Nurses Association by a “person.” The Bill did not pass into law, so that there is still opportunity for English midwives to press for the representation the Lord President was willing to grant them.

The next point submitted for your consideration concerns the position given to those from whom midwifery pupils receive their instruction in practical midwifery, and these are almost exclusively midwives. I think you will agree that if midwives fulfil the duties of teachers they should be given the title of teacher, instead of being “recognised for the purpose of signing forms III and IV” as they are at present. Without the efficient aid given by midwives in the practical teaching of pupils the Act would certainly be unworkable, and, consequently, become a dead letter. It is only just that the help they give in this respect should be recognised.

Another very important point is the procedure at penal meetings of the Midwives Board. It appears to me that the Board which sits in a judicial capacity to try wrongdoers and administer

justice should limit itself to these duties, and should not undertake the office of prosecutor as well as judge.

The procedure of the Central Midwives Board is that if a case of misconduct is reported, or comes within the cognizance of the Board, the Local Supervising Authority is first referred to and asked whether it finds a *prima facie* case against the midwife. If this is done, she is cited to appear before the Board. She can do so either personally or by her solicitor, or she may make a Statutory Declaration. The Board's solicitor then gets up the case and presents it. Thus the whole machinery at the disposal of the Board is utilised to bring out every point against the midwife through its solicitor, expert by long practice in this particular branch of work.

The midwife, on the contrary, if she is not too poor to appear before the Board at all, is at a great disadvantage. With no knowledge of legal procedure, and with her means of livelihood at stake if she cannot justify the action which is called in question, she travels up to London at great inconvenience and expense, is confronted by a strange Board, sees the officials of her Local Supervising Authority ranged against her, is cross-examined by the solicitor to the Board, who adopts the manner and tactics beloved of solicitors, and who, having got the case well in hand, would not be human if he were not more anxious to secure a conviction than to do justice to the midwife.

I do not wish to be understood that the Board does not desire to do justice. I am sure it does, and takes immense pains to arrive at the truth, but I do say that the procedure is in my judgment wrong. If the Board is the judge its function at penal cases should be limited to the duties of that important office, and another authority should undertake the prosecution, as, for instance, the Local Supervising Authority, which has already investigated the case locally. Some of these authorities, I know, feel that having done so they are in the best position to present the facts to the Board.

I may say further that if a midwife employs a solicitor the chances are that he knows nothing of the Midwives Act, and, if it were possible, less about the midwife, as, for instance, one solicitor who took the line of defence for his client that she considered it unnecessary to send for medical assistance because the case was only one of puerperal fever.

Innocent or guilty, most of these poor midwives should have better defence than is at their disposal at present. Further, there should be provision in the Midwives Act, which there is not at present, that they may be tried, to some extent at least, by their peers.

These are some of the principal points which it seems to me should be noted in initiating legislation for the registration of midwives in Ireland, and I do not doubt that the legal talent of this justice-loving country will be able to draft a Bill which shall be fair to all concerned.

THE LEGAL STATUS OF MIDWIVES.

At the Dublin Nursing Conference, organised by the Irish Nurses Association in affiliation with the National Council of Trained Nurses of Great Britain and Ireland, the afternoon session in the large Hall of the Royal College of Physicians on June 5th was devoted to the consideration of the legal status of midwives.

The chair was taken by the Lady Hermione Blackwood, President of the Ulster Branch of the Irish Nurses Association, who said that the subject was of great importance not only to midwives but to the community at large. She thought that the chairman should have been thoroughly conversant with the law as it affected midwives in Ireland, and with the "dispensary midwife" system in Ireland. She had not this intimate knowledge, but she had an intense interest in the welfare of the midwife, a certain amount of practical experience of her life and duties, and a deep conviction that the well-trained midwife was an asset to the nation and deserved the gratitude of the public, and the recognition of the State.

Ireland did not yet enjoy the benefits of a Midwives' Act, but those who were distressed at the miserable salaries offered to Irish midwives, and had followed in the tracks of the handy-woman, and come across the hapless victims of her ignorance, were longing for the day when Ireland, too, would have a Midwives' Act, and it was with the hope that our legislators would before long take some steps in the matter, and listen to the representation of Irish midwives that they warmly welcomed those experts who had kindly come to give them information and advice.

THE TRAINING OF MIDWIVES.

In our issue last week we published in full the paper by Miss Ramsden on the Training of Midwives. We therefore only remind our readers that Miss Ramsden considered there should be no distinction between the training of the monthly nurse and the midwife, an opinion with which this journal is in cordial agreement, as in order to be a safe monthly nurse a knowledge of midwifery is essential; that the period of training for trained nurses in midwifery should be not less than six months, and for untrained women twelve months, that the ethical side of training should not be forgotten, and that post graduates' classes for trained midwives were most useful and should be encouraged.

A JUST MIDWIVES ACT FOR IRELAND.

We publish in full in this issue Miss M. Breezy's paper on "A Just Midwives Act for Ireland," and there is therefore no need to refer to it further.

MIDWIFERY UNDER THE LOCAL GOVERNMENT BOARD.

Miss E. A. Johnston, Member of the Ulster Branch of the I.N.A., spoke of midwifery under the Local Government Board and referred to some districts in which midwives were supplied in which

there was no improvement. The people had any idea what women had to suffer at these times. Miss Johnston gave instances of neglect within her own knowledge, and said that in England the work of midwives was supervised. Why could not the Local Government Board in Ireland appoint inspectors to see that the midwives under their control were doing their work correctly?

She referred to the salaries paid to midwives under the L.G.B.—£20, £25, and £30 a year, which was really sweated labour. If an official could be paid £700 per annum and expenses for inspecting infirmaries, why should not midwives be paid a living wage? She herself, in doing midwifery work, had walked fifteen miles a day, and there certainly was a temptation for midwives who had such long distances to cover to neglect their work, and some were doing so. Inspectors were needed, both to see that the midwives were not overworked, and also that those who were part lazy, part drunken, did not neglect the patients.

Miss Johnston considered that if midwives were such a national asset that the State should take over their provision and their supervision. She would like the Irish Nurses Association to send a deputation to the Local Government Board to enumerate the defects of the present system.

Midwives under the Local Government Board were allowed to take paying patients to the out their living, and the danger was that when a patient took a free ticket entitling her to assistance to a midwife that she should refuse to take it, saying that the patient was able to pay. She challenged the Local Government Board to examine the warden's paper and the books of some midwives and to make the two agree.

DISCUSSION.

The chairman hoped that the deputation to the Local Government Board would be arranged, and that Miss Johnston would introduce it.

Miss C. C. du Sautoy said that for six years she had acted as Inspector of Midwives in a large county, chiefly agricultural, in which there were 300 midwives, both trained and bona-fide. In England the word midwife was patented and could only be used by women on the Midwives Roll. In Ireland midwives were in the same position as trained nurses in the United Kingdom, *i.e.*, without status.

Miss du Sautoy said that she had often appeared before the Central Midwives Board in connection with cases. Many of the bona-fide midwives could not read, write or take temperatures. When she asked one midwife to demonstrate her method of temperature-taking to her she did so with the thermometer in the case. In another instance, when a woman was appearing before the Central Midwives Board, her solicitor coached her as to the correct method in the train on the way up. Solicitors also read up the Act on their way up to town to defend their clients, and Miss du Sautoy was of opinion that midwives on their defence

would often be much better attended if a midwife who understood the subject took charge of the case.

Miss du Sautoy considered that practising midwives should have seats on the Central Midwives Board, women who would understand the difficulties of midwives. She thought that midwives should be governed by their own profession, and not by one in many ways antagonistic.

Referring to the vexed question of village nurses, she inquired what these workers could be called. They were midwives with a slight knowledge of general nursing. Thoroughly trained nurses would not come forward to do the work.

Another point in connection with the Midwives Act was that though the limit on the side of youth was defined—*i.e.*, a midwife must be over twenty-one—there was no limit set to the age at which a woman might practise. Old ladies of seventy and seventy-five practised, and in one instance within the speaker's knowledge a woman of ninety. In reply to an observation that she was rather shaky, she remarked, "It's the inspector I be feared of, I bain't feared of the babies."

Miss du Sautoy also questioned the legality of the form applying for maternity benefit being filled in by lay people. In one instance she knew of the mother of the patient signed the paper, and the probability was the husband drank the money.

Miss Ramsden said it should not be legal except for a doctor or qualified midwife, but it rested with the Friendly Societies if they chose to accept other signatures. The Irish Nurses Association had communicated with Irish members of Parliament, and with Mr. Masterman, asking that this might be rectified. At present the Act was open to the construction that anyone might sign.

Mrs. Bedford Fenwick said that the reason thoroughly trained nurses would not come forward to act as nurses in rural districts was because the salary was so inadequate. She had known village nurses paid fifteen to eighteen shillings a week, to find everything—excepting a bicycle. It was preposterous to imagine that work would be sought by highly skilled nurses at this miserable wage.

A strong stand should be made against this system of underpayment. Some discussion took place on this point, Miss du Sautoy pointing out that in some counties village nurses received 22s. a week in their third year. Mrs. Fenwick contended that the practice of employing midwives as village nurses was only adopted because it was cheap. Even if a village nurse eventually earned 22s. a week, a woman with a knowledge of two professions—nursing and midwifery—could not be expected to work for that amount. It could only be considered sweated labour.

The Hon. Albion Brodrick thought that the midwifery practised in the country districts in Ireland was thoroughly unsatisfactory. It was impossible to get a good class of women to take up the position of dispensary midwife at the ridiculous salaries paid, and some unions would not employ dispensary midwives. Miss Breay having replied, the Conference was adjourned.

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EDITORIAL.

NURSING IN THE INDIAN EMPIRE.

The question of Nursing in India is so vast, that, though it is unquestionably an obligation of Empire to provide for the efficient nursing of the sick throughout the country, the problem of how to achieve this must be approached from many sides if it is to be efficiently solved.

First there is the maintenance of hospitals; of importance not only for the care they give to the sick, but also because they provide the training ground for nurses. Invaluable and necessary as is the work of British women in India, if nurses are ever to be provided in sufficient numbers for the whole population, it must be through training the women of the country, and sending them out well equipped with knowledge which will enable them not only to nurse the sick, but to teach the elements of hygiene and sanitary science.

One of the great demands in India is for private nurses, and, in addition to those supplied by such Nursing Associations as the ones connected with the St. George's Hospital and the Jamsetji Jijibhai Hospital in Bombay, we have the Lady Minto's Indian Nursing Association, which endeavours to meet the demand for private nurses in most parts of the Empire, the Madras Presidency, where Lady Ampthill established the Association which bears her name with such good results, and the Bombay Presidency being exceptions. The Association, the work of which is limited by want of funds, has heavy expenses to meet in supplying nurses from this country, but their services are greatly appreciated, as evidenced by the constantly increasing demand for them.

It is to be noted that at the last meeting of the Central Committee of the Association held at the Viceregal Lodge, Simla, it was stated that the type of nurse now demanded by subscribers with her high standard of qualifications, both professional and social, could not be obtained at the rates hitherto in force, and the Association had therefore been compelled to increase its charges.

Another branch of nursing which has not, so far, been systematically organised in India, is district nursing, and yet, in no country would the work of district nurses be more valuable. For the Queen's Nurse with her three years' certificate, and special training in hygiene, the laws of sanitation, and work in the homes of the poor in this country is, as has been well said, the nurse of the home as well as of the sick person, and her introduction into the homes of the poor in India, would be of the greatest possible benefit. Indeed, Miss Creighton, who has had wide experience of nursing in India told the Nursing Conference in Dublin, that if 1,000 district nurses, working under a Government Service could be employed in India she believed that they could do what the Government itself has not been able to do, stamp out the plague.

It is quite certain that given nurses of the right type thousands of lives of the poorer classes might be saved. This seems a magnificent sphere of work for India's own women, in the future, if once established on the right lines, and no trouble would be too great to inaugurate a district nursing service under the authority of the State, with unlimited opportunities of development, and with a message of hope for the women of India, and the possibility that barren lives, devoid of interest, may be changed into those fruitful for the good of the community.

OUR PRIZE COMPETITION.

WHAT ARE THE COMPLICATIONS TO BE WATCHED FOR DURING THE PUERPERAL PERIOD?

We have pleasure in awarding the prize this week to Miss Rosa Lambert, Crescent Road, Beckenham, Kent.

PRIZE PAPER.

The graver complications of the puerperium are fortunately comparatively rare; in perhaps eight cases out of ten there will be nothing more formidable than temporary retention of urine, cracked nipples, flushed or engorged breasts, and constipation. These, if properly treated, seldom give rise to further trouble. But the more serious complications, such as post-partum hæmorrhage and sepsis, usually occur after prolonged exhausting labours, where intra-uterine manipulation has been necessary, and the natural powers of resistance diminished by the general ill-health of the patient, those suffering from kidney disease and severe anemia being especially liable. The uterus must be carefully watched and the possibility of concealed hæmorrhage borne in mind, or the patient may lose severely before it is noticed, when the abdomen will be found distended, tense, and tender, the fundus high. The patient will have a quick-running pulse and great pallor, and be in imminent danger of collapse. As a rule unless there is excessive loss within the first two or three hours after labour, post-partum hæmorrhage will not take place, but it may occur even a week later, when it is known as secondary post-partum hæmorrhage, and is generally due to retained pieces of placenta, membrane, or clot, and morbid growths in the uterus, or to getting up too soon.

Eclampsia, which occurs generally as the result of unrecognised and untreated albuminuria, usually declares itself either before or during labour, but may arise early in the puerperium, when the prognosis is more favourable. There may be premonitory symptoms: headache, nausea, vomiting, giddiness and failure of sight, or the convulsions may occur without any warning at all, after which the patient passes into a state of coma. Severe cases of eclampsia, which recover, are more likely to develop puerperal mania, which usually begins with pain in the head, insomnia, and restlessness somewhere between the fourth and fourteenth day. The patient may refuse to take food and show dislike to those about her, and she may become very violent and try to kill herself.

When *septic infection* has taken place the

symptoms usually appear between the third and fifth day. The infection may be either local (sapremia) or general (septicæmia); retained products in the uterus, or the sloughing of lacerations in the cervix, vagina, or perineal body are a fruitful source of sapremia. The symptoms vary according to the severity of the disease. There will be abdominal pain, and the uterus will be large and tender; offensive and perhaps excessive lochia, with a rapid pulse and raised temperature.

In septicæmia there will be headache, a pulse that is very rapid and out of proportion to the temperature. There is generally a rigor and may be suppression of the milk and lochia, constipation succeeded by diarrhœa, jaundice, vomiting, and delirium. In addition to all of these symptoms, local abscesses may appear in different organs and joints of the body (pyæmia), and general peritonitis may ensue.

There are many causes for a rise of temperature. The breasts may be engorged owing to blockage of a milk duct, and a small abscess form unless the condition is relieved, or the breasts may become infected through sore nipples, but an abscess from this cause does not usually appear until the third week. Constipation will also send up the temperature, and it must be remembered that a large uterus and high fundus may be due solely to a loaded rectum and distended bladder.

Phlegmasia alba dolens, or white leg, is a very rare occurrence, and when it does occur it is usually in patients who have had either severe ante-partum or post-partum hæmorrhage. There is great swelling and pain in the leg, especially along the course of the femoral vein, where a hard lump or clot may be felt. The leg pits on pressure, and has a white appearance. The great danger is pulmonary embolism.

In *pulmonary embolism* there is great and sudden pain in the chest. The patient without any warning begins to struggle violently for breath, and respiration is rapid and shallow. She quickly becomes blue, then livid and unconscious. Other causes of sudden death in the puerperium are syncope, due to heart disease or following severe hæmorrhage, and embolism due to careless douching.

HONOURABLE MENTION

The following competitors receive honourable mention: Miss N. Chopping, Miss H. Scott, Miss F. Jenkins, Miss G. Robinson, Miss Macfarlane, Miss O'Brien, Miss M. James, Miss B. Smith.

QUESTION FOR NEXT WEEK.

What is leprosy, and how may it be treated?

RECIPROCAL TRAINING.*

By MISS B. CUTLER,

*Assistant Matron, St. Bartholomew's
Hospital, E.C.*

Trained Nurses exist in order that they may render skilled and efficient aid (1) in the prevention of disease and (2) in its cure or amelioration. The question of how they may best be educated for the performance of these responsible duties is therefore one of supreme importance.

We shall all be agreed that to perform her work efficiently a nurse needs the trained intelligence and cultured mind of the well-educated woman. Only upon such a foundation is it possible to build the superstructure of a sound professional education.

We have heard from the previous speaker of the importance of preliminary training in the scheme of nursing education, and it falls to my share to place before you some of the reasons for the adoption of schemes of reciprocal training.

In order to completely qualify herself, a nurse must have a thorough knowledge not only of the great main divisions of her professional work, medical and surgical nursing, but of all the special branches of nursing. In her comparatively short professional life—25 years is, we know, a fair average—she cannot spend an unlimited time as a pupil. She must begin to earn if she is to save enough to maintain herself in independence when her working days are over. It is not, therefore, possible that she should have an intimate knowledge of all the specialities.

The profession of medicine, which is highly organised, while our own is disorganised, affords us a useful example. All its members are expected to acquire proficiency in medicine, surgery, and obstetrics, but that sound foundation once laid, they find that they can best serve the public interest, and their own, by devoting themselves to one speciality, since life is not long enough to attain great dexterity in all.

There is every indication that nursing will, in the future, proceed along the same lines, and, when a minimum standard of nursing education is defined, it is probable that several alternate curricula will be sanctioned as qualifying for registration.

Thus a three years' curriculum might alternatively comprise:

1. One year surgical, one year medical, and

one year of obstetric and gynaecological nursing.

2. One year surgical, and two years medical nursing, including the infectious fevers.

3. One year surgical, one year medical, and one year devoted to the nursing of nerve and mental cases.

Experience in the nursing of eye and ear cases, and in the out-patient department, are all very valuable, and an insight into them may usually be acquired in the course of the three years' training.

In considering the alternative curricula suggested, it is at once evident that few hospitals can provide the complete clinical material for any one of these.

Thirty years ago our general hospitals afforded training ground in the nursing of most diseases. In addition to medical and surgical cases those of contagious disease were nursed in the general wards, and infectious diseases in separate wards or pavilions. Thus cases of diphtheria, enteric fever, and measles were all admitted to general wards, and it may be within the memory of some present that typhus fever was admitted to general wards at a comparatively recent date, as was also scarlet fever. Sometimes, scarlet fever was received into separate wards. Even so, the infection was liable to spread, and did spread, to patients in other wards.

Of recent years a much more rigid classification of cases has, quite rightly, been introduced into the general hospitals, and the infectious cases eliminated. This is sound policy in the interests of the patients, for it is manifestly wrong to expose a patient already suffering from serious illness, and therefore specially susceptible to infection, to the risk of contracting another disease, but it leaves serious gaps in the clinical material necessary for the training of pupils in general hospitals. Moreover, in the case of a nurse taking up private nursing, after gaining her certificate, her field of work is extremely limited if she cannot undertake the care of infectious diseases, for much of the work of private nurses is derived from this source.

It follows, therefore, that if cases other than those of general medical and surgical diseases are now outside the sphere of the general hospitals, that nurses must acquire knowledge of the nursing of other diseases in the special hospitals.

Every patient in a hospital or infirmary provides valuable clinical material which should be utilised to the best advantage, for the sake of the community generally, but it is very undesirable that special hospitals should train and certificate their nurses without reference to the

* Read at the Nursing Conference, Dublin, June 4th, 1913.

general hospitals, as the inevitable result is that a number of nurses are certificated, highly skilled, perhaps, in one branch of nursing, but with very limited knowledge of general medical and surgical work, which, nevertheless, they undertake later as private nurses. Thus we are brought face to face with the need for co-ordination of training, and for reciprocity between the general and special hospitals with this end in view.

At the very beginning we should consider the age at which it is desirable for a girl to begin to train as a nurse. There are, I know, diversities of views on this point, and it is one upon which expressions of opinion may usefully be invited at the conclusion of this paper. Personally, I am in favour of the admission of probationers to general hospitals at the age of 21, rather than at 23 when most girls who have to earn their living have already chosen their professional work.

Even so, there are still some years between the time when a girl leaves school, and the age at which a general hospital is willing to receive her.

One's thoughts naturally turn to the care of infants and children as employment for these unoccupied years.

There is nothing to prevent a girl at this age acquiring a knowledge of the care and feeding of infants and young children, for many are mothers before 18, confronted with all the problems of infant care and feeding, and it would certainly be a life-long advantage to her whether her future life lies in her own home, or in a hospital to do so.

Much might be done in connection with the care of infants' crèches and babies' welcomes if they were in charge of trained nurses of experience as they always should be, and pupils received theoretical instruction in a central school, and practical training in the former institutions.

Additional experience in children's hospitals would fill the three years from 18 to 21, and the pupil would begin her general training seasoned to some extent to hospital work, but without having been subjected to the strain of dealing with adult and helpless cases while her own physique was still immature.

If we consider one of our alternative schemes of nursing education, that of one year surgical and two years medical nursing, including the infectious fevers, we shall find that the co-operation of the authorities of fever hospitals with those of the general hospitals is necessary for the arrangement of such a curriculum, and this in all large centres would be quite feasible.

In London, the authorities of the great fever hospitals—the Metropolitan Asylums Board—have shown themselves not only willing, but desirous to enter into an arrangement with the general hospitals for reciprocal training—and a few years ago addressed communications to the Matrons of the large general hospitals with the object of securing their co-operation with such a scheme.

The late Miss Isla Stewart, Matron of St. Bartholomew's Hospital, showed herself, as ever, a broad-minded educationalist, and recommended to her committee to co-operate with the Metropolitan Asylums Board, with the result that a scheme of reciprocal training was adopted by the Committee of the Hospital and the Board, but other Matrons less eager to obtain all the educational advantages possible for their nurses, did not fall in with the same far-sighted policy.

It is interesting to note how the organisation of Nursing Education through State Legislation has affected this question of reciprocal training outside the United Kingdom.

A professional committee, in a Report presented to the International Congress of Nurses last year at Cologne, on State Registration in the United States, wrote:—

"The most conspicuous result has been the truly surprising extent to which we have the uniting together of several hospitals in giving training to one set of nurses.

"This kind of affiliation, providing all branches of work for the pupils passing from one to another is going on all over the country. The most prominent example is Bellevue; which has pupil nurses coming to it from 23 hospitals in other cities, and even in other States, as far away as Maine," and Miss Mary C. Wheeler, R.N., in her Presidential Address last year to the American Society of Superintendents of Training Schools for Nurses said:—

"It has been borne in upon me that we have a splendid amount and kind of material in training; that the development of this material is hampered; that this development is hampered by an educational system, which is incompatible with the educational movements in other lines of vocational training of to-day.

"This problem is one which needs our best efforts in order to find a workable solution. In the reconstruction of nursing education, I feel sure that affiliation will play an important part. Affiliation, as it now stands between Schools for Nurses, is in its infancy, but we must have combined action on broad lines to become efficient."

The problems of nursing are the same the world over, and it is as imperative that we

should find a workable solution in regard to an efficient system of nursing education as for our colleagues in the United States. It is because I believe that the National Council of Trained Nurses of Great Britain and Ireland can usefully assist in so doing, that I have responded to the invitation to bring the question before it to-day.

I especially invite discussion on the following points:—

1. Is reciprocal training desirable and feasible?
2. If so, how can it best be organised?



THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

THE DUBLIN CONFERENCE.

JUNE 5th.

AFTERNOON SESSION:

POOR LAW AND SCHOOL NURSING.

Miss M. Wright, Matron of Stobhill Hospital, Glasgow, presided at the Afternoon Session in the Small Hall on June 5th, when Poor Law and School Nursing were the subjects under consideration.

THE EVOLUTION OF POOR LAW NURSING.

The first paper was presented by Miss E. C. Barton, Matron of Chelsea Infirmary, President of the Poor Law Infirmary Matrons' Association.

Miss Barton said that in discussing the subject of Poor Law Nursing it was difficult to know where to begin. We knew that the poor had been always with us, and from an ancient document that "it was ordained by Kings before the Conquest that the poor should be sustained by parsons, rectors, and parishioners so that no one should die for lack of sustenance."

The first Poor Law Act of Parliament seemed to have been introduced in the reign of Queen Elizabeth; it dealt with matters of relief for the destitute, homeless, helpless, and infirm. In 1832 a Royal Commission was appointed to inquire into the practical operation of the laws for the relief of the poor in England and Wales. This was followed by a Poor Law Amendment Act, which provided for a Central Poor Law Authority, now known as the Local Government Board, and also directed that Boards of Guardians should be instituted in the different districts.

In the Orders issued in 1847 the only qualification for the paid nurse was that she should be able "to read written directions upon medicines," and later Guardians were recommended to discontinue, as far as possible, the practice of employing pauper inmates as assistant nurses, and advised

to provide a sufficient number of competent paid nurses. Later it was suggested that night nursing should be provided in the sick wards of the larger workhouses.

A great advance was made in 1867 when Mr. Gathorne Hardy introduced the Metropolitan Poor Law Bill into the House of Commons, which provided for the classification and separate treatment of the sick by the establishment of Workhouse Infirmaries in the Metropolis.

There was no sadder or more depressing reading than the history of so-called Poor Law Nursing in the days before there were separate infirmaries for the sick. A Mrs. Jameson, who was sent in 1855 to inspect charitable and reformatory institutions at home and abroad, reported: "Never did I visit any dungeon or abode of crime which left the same crushing sense of sorrow, indignation and compassion—almost despair—as some of our English workhouses. The inmates of some gaols had better treatment."

At this time it was calculated that there were under medical treatment in the London workhouses fifty thousand patients, and for these there were about 70 paid nurses, the others being pauper nurses and attendants.

Miss Barton mentioned the reform work of Miss Louisa Twining and Mr. William Rathbone of Liverpool and spoke of the work done by Miss Agnes Jones at the Brownlow Hill Infirmary, Liverpool, with a staff of twelve nurses trained at St. Thomas's Hospital, as the beginning of trained nursing under the Poor Law. At the present there were over 7,000 nurses, trained or in training, working under the Local Government Board in England and Wales.

The Metropolitan Infirmaries were practically State Hospitals, and excellent training schools, but although the number of nurses had greatly increased they were still very understaffed, the proportion being about one nurse to ten or twelve patients, but things were improving. At Chelsea Infirmary, which was considered very well off, the proportion was one nurse to seven patients.

The greatest difficulties and problems in Poor Law Nursing were met with in the smaller un-separated workhouses where there was a Superintendent Nurse with a variable number of nurses under her. The Workhouse Master and Matron had a great deal of control, and though they might be excellent officers yet not understanding nursing needs there was constant friction.

Miss Barton said that she had lately been in communication with upwards of 100 Superintendent Nurses who were anxious that their position might be improved by any new Local Government Board Orders. All were practically agreed in asking for the same things, that they should have direct access to their committees and personally present their own reports. That they should be responsible to the Medical Officer for the nursing of the patients, and not in any

way be placed under the Workhouse Master and Matron. They asked that the Master should hold the same position in the sick wards as the steward did in the separate institutions.

Miss Burton described the organisation of the Poor Law Infirmary Matrons Association, of which she is President, to which an Association of Superintendent Nurses, now being formed, proposes to affiliate.

In conclusion she deprecated the comparisons often made between hospital and infirmary-trained nurses, generally to the detriment of the latter. Nothing would help so much to raise their status as the State Registration of Trained Nurses, and this was why for years she had ardently desired and worked for it. It would be a great act of justice to Poor Law Nurses. If they were worthy they could become registered nurses and any invidious distinctions could be done away with. She felt that they *were* worthy, and would prove themselves most honoured members of the profession to which they were so proud to belong.

SCHOOL NURSING.

Miss H. L. Pearse, Superintendent of School Nurses under the London County Council, contributed a paper on School Nursing, which was read, in her unavoidable absence, by Miss Beatrice Kent.

Miss Pearse stated that the large number of women, constantly increasing, engaged in looking after the health of children in elementary schools made it necessary that the training best suited to the work should be clearly kept before nurses.

She considered that the best infirmary training made an excellent foundation, to which should be added special training in infectious diseases, knowledge of sanitary inspection, and health visitors' work, including district nursing in the homes of the poor.

Other types of school nursing, such as in private schools and secondary schools, were simple in contrast to nursing in elementary schools. In one case there was the head of the school responsible to the parents for the children's health, and in the other much more careful parents and better general health and physique in the children.

IN ELEMENTARY SCHOOLS.

In elementary schools the nurses' sphere was constantly widening; first she started to deal with cuts and bruises and such small accidents, then attention to uncleanness was added, and schemes for dealing with verminous conditions devised and brought into play. Next came medical inspection, and thenceforth the school nurse shared with the doctor in medical inspection, and in the treatment growing out of it.

Miss Pearse then described a typical day spent in a school by the nurse. Starting at 6 a.m., when the school opened, she saw all children in attendance to about 300, gave out cards to be given to the parents in cases of extra uncleanness, and sent lists of such children to the nurse who

visited from the cleansing stations and whose business it was to follow them up.

The school nurse was expected to note any child who was not well, or whose eyesight or ears required attention, to watch for cases of infectious disease, malnutrition, or neglect, and report them to the Medical Officer to be dealt with as "special" cases for medical inspection.

All cases of ringworm were seen by the nurse every month, either at school or at home, and a regular report made as to the condition; and, if cured, by what means the cure was effected. When the nurse was in doubt, she had to take stumps for microscopical examination by the doctor, on whose decision the child was either excluded or re-admitted to the school. The clerical work connected with these visits required considerable attention.

Uncleanliness and verminous conditions were dealt with by a series of notifications to the parents, and, if necessary, baths at the cleansing stations. Infectious diseases were watched for; and if suspected, immediately dealt with, and excluded from school when necessary. There was no doubt that a reduction had been made in the number of children suffering from scarlet fever, measles, chickenpox, &c.

As a result of medical inspection, minor ailments were put in touch with centres where nurses of local associations, notably of Queen Victoria's Jubilee Institute, cared for them under the supervision of a special doctor.

Children suffering from adenoids, enlarged tonsils, defects of vision and teeth, were given vouchers to attend at the various hospitals and treatment centres, where special arrangements had been made to receive and treat them.

It would thus be seen that the experience of a school nurse should be varied if she was to be equal to the many emergencies she would meet with. The valuable school nurse was the observant tactful woman of practical education—not very young, with a love of children, and keen sympathies for their much-tried mothers. Such a woman found great opportunities for good in this work, and became a most valuable worker for the good of the race.

Miss Pearse strongly urged that school work and maternity nursing should be kept quite distinct. She further stated that in the matter of school nursing we were behind America, and in advance of European countries, giving details in connection with each.

DISCUSSION.

Miss West, Superintendent of Nurses at the North Dublin Union Infirmary, in opening the discussion, said that it might not be generally known that when workhouses were first instituted they were intended for the reception of the healthy poor, and only such cases of illness as were likely to occur among these healthy inmates were supposed to be nursed by the other inmates under the supervision of the Master and Matron of the

workhouse. Between 1848 and 1853 in Ireland, years following famine, much illness and fever occurred among the destitute received into the workhouse; later, poor other than destitute found their way there. In 1861, paid women were employed to nurse but these women had no qualifications to fit them for this work.

It was not till 1895 that the office of nurse was created, and since that date the Irish Local Government Board had issued many Orders to secure properly trained nurses for the sick in workhouse hospitals. In 1897 the employment of pauper nurses was forbidden and the medical officers empowered to procure nurses in an emergency. A Register of trained nurses was also kept at the Local Government Board Office, and this had the effect of securing a longer period of training, as many training schools, especially private nursing institutions, considered one year's training sufficient.

Certificates for training in the principal training schools were not issued for less than three years.

Another very important order relieved the workhouse Matron of all responsibility in connection with the sick, making the Medical Officer and the Superintendent Nurse under him responsible to the Guardians and Local Government Board, the authority of the Matron being limited to matters of discipline. This order was greatly appreciated by the nurses, as it gave them greater power in the matter of improving and furnishing the hospital wards and made the service more attractive.

Miss West advocated the complete separation of the hospital from the workhouse, the establishment of a State Poor Law Service, with nurses supplied from centres, as the Queen's or Dudley Nurses, with their own inspectors to direct, help and encourage them. If this were done no more would be heard of the miseries of the sick poor in workhouses. She also mentioned as one of the advantages of the workhouse as a training school the training in the artificial feeding and care of infants, which might well be taken as a preliminary or post-graduate course. Nurses trained in general hospitals did not have that experience, and she advocated arrangements between heads of training schools and Boards of Guardians, whereby their probationers could be admitted to the nurseries of workhouses and trained under experienced nurses.

As to the class of nurses to be employed in workhouse nursing, Miss West quoted Miss Nightingale's advice, "let not the best go, but the *very* best." They should be women of refined feeling, resourceful, full of enthusiasm, lovers of humanity, who would encourage and help the younger patients to get back the hope they had lost and nurse the aged tenderly and patiently in the only home they would ever know.

The Chairman advocated that a three years' training should be given in poor law infirmaries, as at Stobhill Hospital, Glasgow, and many other places.

Miss Buchanan, a Lady Guardian of the North Dublin Union Infirmary, thought it would be impossible in the Dublin Infirmaries to give probationers an adequate training, as most of the good cases went to the general hospitals, which were numerous.

Mrs. Strong remarked that if State Registration of Nurses were in force only those hospitals and infirmaries qualified to train probationers would be recognised by the Central Authority.

The Chairman further commented on the fact that Poor Law training was looked down upon by the ignorant, and said that if they did not get so many accidents and major operations as the general hospitals they had other things which these hospitals had not, such as extensive work amongst children and maternity work. She referred to a vacant school post in the North of Scotland, for which there were many applicants with general training, and a nurse trained at Stobhill Poor Law Hospital was appointed on account of her experience in children's work.

Mrs. Strong then said that when State Registration was in force the feeling as to Poor Law trained nurses would be obliterated, as all nurses who attained a certain standard of competence would rank as registered nurses.

The Chairman thought that Scotland was ahead of Ireland as the Scottish Local Government Board would not accept a nurse with less than three years' training, whereas the Irish Local Government Board accepted one year.

Miss West, in reply, said that the nurses now applying had nearly all had three years' training, so that one-year trained nurses were really not taken.

In conclusion the Chairman said that provided the Poor Law Matrons got good material to train she would guarantee they would turn out as good nurses as any general hospital.

The audience throughout was most interested, and it was felt that the subject was one which merited discussion at professional conferences.

THE SUCCESS OF THE CONFERENCE.

On all sides we hear expressions of pleasure at the great success of the first National Nursing Conference in Ireland, of the delightful cordiality of the Irish Nurses' Association, and, incidentally, of the value of affiliation with the National Council of Trained Nurses of Great Britain and Ireland, with which, from the first, the Irish Nurses' Association has most loyally co-operated.

Miss Carson Rae, the general secretary of the Dublin Conference, sends the satisfactory information that all the expenses have been covered—and that she has received many letters from various parts of Ireland, and from England and Scotland, saying how greatly the Conference was enjoyed. We hope much it will have lasting results for good.

From Strasbourg Sister Agnes Karll and Miss J. C. van Lanschot Hubrecht write: "We send you and all our Irish friends, with our love, the best congratulations on the splendid Dublin Congress." It was a mutual disappointment that owing to home engagements Sister Agnes was unable to be with us in Dublin.

"THERE'S GLADNESS IN REMEMBRANCE."

Our Nursing Conference is over, and we have returned to England great gainers by our intercourse with our Irish sisters, fired by a resolve to learn more of their country, and to approach nearer to a people who have opened their arms to us in a never-to-be-forgotten welcome.

Anxious to put at once this "resolve" into practice, we started by purchasing a "History of Ireland," to study on our homeward journey, and the opening pages made one pause and think!

"Is the English Realm," asks the historian, "the richer for Ireland?"

The historian may, if he chooses, ask this question, the politician may be able to prove his points, but I venture to disagree with him at the outset.

Ireland may not bring gold to our English coffers, she may not increase our prestige in trade and commerce, but she gives to us higher gifts than these, she imbues us with the qualities that we so sadly need, and to the lack of which we owe so many of our failures. Have not we, as a body of professional women, returned to our work warmed and invigorated and enthused by *one week* of contact with this lovable warm-hearted people?

Have we not learnt from them lessons in courtesy and tact, virtues often conspicuous by their absence in our English Hospitals and Institutions? We may pride ourselves on superiority in method and order, in our powers of organisation and discipline, but have we not received from them in exchange the inspiration, the poetry, and spirituality in work, without which our best efforts are flat, stale and unprofitable?

Yes, dear Irish sisters, we are indeed the richer for our visit to your fair land. We will leave it to politicians to dispute the much-vexed question of Ireland's value as an asset to England, and with one accord thank you for the gifts that you have lavished on us and laid at our feet.

We are back at work, glowing with the "gladness of remembrance," happy in the friendships we have formed with you, and inspired with the

wish to carry into the lives around us the spirit that you teach and inculcate, the giving out of self in ever-generous help and ready sympathy.

There is "gladness in remembrance," in looking back!

There is gladness in looking forward to next year, and to our next Nursing Conference, when Irish and English will again clasp hands and teach politicians and historians this lesson, viz, that our very differences in temperament and character only serve to unite us more closely one to another.

ANNIE E. HULME.

THE SOCIETY FOR STATE REGISTRATION OF NURSES.

The Annual Meeting of above Society will be held on Friday, July 18th, at the Medical Society's Rooms, 11, Chandos Street, Cavendish Square, W., at 4 p.m. The Chair will be taken by the President, Mrs. Bedford Fenwick, and an Address will be delivered by Sir Victor Horsley, F.R.S., F.R.C.S. Several Resolutions will be submitted. After the Meeting members and guests are most kindly invited by Mrs. Walter Spencer to tea at 2, Portland Place.

As it is very important, that registrationists should prove how deeply in earnest they are in their demand for professional organization and State protection, and how determined they are to protest against the grave injustice to their social status, in being classed with criminals in the white slave traffic—who now pose as nurses and bring disgrace on their uniform—we urge every member of the Society who possibly can to attend. Let Friday, 18th July, be reserved for attendance at the Annual Meeting.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.

The Quarterly Meeting of the Matrons' Council will be held at Bournemouth on July 25th next in the Bourne Hall Hotel at 3 p.m. An open meeting will follow at 3.45, at which Mrs. Bedford Fenwick will give a short address on State Registration of Nurses. Miss Christina Forrest has most kindly invited the members to tea in the garden of the Nurses' Home, if fine. If the weather is not propitious the reception will be held in the hotel lounge.

LEAGUE NEWS.

A General Meeting of the League of St. Bartholomew's Hospital Nurses will be held in the Clinical Theatre at the hospital on Saturday, July 5th, at 2.30 p.m. At 4 o'clock tea will be served in the Cloisters, and a Tennis Match played between the past and present Bart's nurses.

NURSING AND NATIONAL INSURANCE.

It is interesting to note that—as we stated a year ago would be the case—Nursing is rapidly becoming the crux of the question under the National Insurance Act, and from the President of the Local Government Board downwards—those persons and societies who have busied themselves with the nursing of the sick poor in their own homes, are now face to face with the question—How are the insured sick to be nursed? Wherever they are treated, in or out of institutions, the Act provides for some attempt at medical attendance, but medical attendance is of very little use unless the treatment prescribed can be skilfully administered. As usual, the class of worker—(ignored by Parliament, and economically controlled and depreciated by lack of status)—is found to be the most important factor in furthering the usefulness of the Act. Hence the numerous conferences and consultations how best to utilise the nurses' services for the insured. And yet, nursing opinion as expressed through their various organisations is ignored. Parliament and the Commissioners began as they meant to go on—by excluding the nursing profession from direct representation on the Advisory Committee, a privilege willingly accorded to every other class of insured women. Thus once more the nursing profession finds itself in the very dangerous position of being utilised by the community, without any power of expression as to how it will be used; and history tells us that human nature has always demanded from women the utmost they can give, for the least possible remuneration. Under these circumstances we hope the Nursing Profession will take a firm stand, and make it impossible, either for the President of the Local Government Board, or any other lay authority, to organize a Nursing Service excepting on a thoroughly efficient system. The standard of nursing should be of the best obtainable without registration, and the remuneration should be just. On no other basis will it be possible to provide efficient nursing for the insured under a National Act.

That there is great danger of deluding the poor as to the standard of nursing provided, there is already ample proof. Take for instance the Suggested Scheme put forward at the recent Conference at Leicester between Conference Committees, Approved Societies, and Nursing Associations, all bodies which stand in relation of employers. In the six clauses as under—there is absolutely no suggestion as to the quality of the nursing to be provided—and as midwifery is excluded from the benefits, there can be no reason whatever for employing other than nurses certificated after a three years' systematic training—and paying them not less than £120 a year.

THE SUGGESTED SCHEME.

A suggested scheme laid before the meeting contained the following provisions:—

1. Approved societies to be asked to use their powers under Sec. 21 of the National Health Insurance Act, and to contribute towards the funds of district nursing, and thus co-operate with the existing nursing associations in providing general sick nursing for their members who are insured persons.

2. (a) That in the Borough of Leicester a fund should be raised by a capitation payment of not less than 3d. per insured member, and should be given in the form of a grant to the Central Nursing Association, and should be additional to, and not to take the place of, existing payments and contributions in support of nursing. (b) That in the county the approved societies should contribute not less than 3d. per insured person, and in return for this, nursing be supplied at the rate of 40 visits for each £1 received, visits at present being limited to those areas where there are nursing associations already existing.

3. The grant from the approved societies would not cover the attendance of nurses in maternity cases, nor those suffering from infectious diseases, nor in the case of persons suffering from tuberculosis who are being treated by the Insurance Committees under the sanatorium benefit clauses of the Act.

4. Approved societies consenting to the scheme should have representation on the committees of the nursing associations in the area.

5. The services rendered by nursing associations in return for such grants would be:—(1) The general sick nursing of insured members of approved societies where such nursing is now in existence; (2) the starting of nursing as soon as possible where none exists at the present time; and (3) the furnishing of reports to approved societies giving nursing information and records of the nurses' visits to their insured members.

6. The scheme to be provisional, and only to operate until the first valuation (which will be in about two years from the present time)

THE "HOWLERS" OF THE LAY EDITED NURSING PRESS.

One most objectionable result of the lay edited nursing press—posing as professional—is the insertion of absurd statements as having been made by professional people. Hence the "howlers" constantly appearing in such journals. Another is the natural objection of these irresponsible editors to expose their ignorance by correcting their absurd mistakes.

We have this week felt compelled to communicate with Miss S. Bulan—the foreign lay-woman who edits Macmillan's journal for nurses; and take the precaution of publishing our letter in this journal, as on a former occasion when a grave injustice had been done to the Registration cause, Miss Bulan thought well to exclude the letter of correction from publication:—

NURSING AND MIDWIFERY.

MADAM,—I must request you to insert this letter correcting what I am reported to have said at the Nursing Conference in Dublin, on page 712 of your last issue.

You insert the following statement: "Mrs. Bedford Fenwick said she resented the proposition that trained nurses should be asked to supplement midwifery. Midwifery and nursing were two distinct professions, and the work of the one could not rightly be supplemented by the other."

I made no such statement.

What I said was (1) that I objected to midwives who are not trained nurses being employed as such, and that they should keep carefully to the work for which they are educated; (2) In pointing out that nursing and midwifery are two distinct professions I added that "if trained nurses also possessed a midwifery qualification, it was an ideal standard for those working amongst the poor."

I am, &c.,

ETHEL G. FENWICK.

*Hon. President Nursing Conference,
Dublin 1913.*

As the sub editor of this journal, Miss M. Breay, also strongly objects to the manner in which her Paper "A Just Midwives Act for Ireland" has been garbled in the publication referred to above. We would emphasise the fact that THE BRITISH JOURNAL OF NURSING is the Official Organ of the National Council of Trained Nurses of Great Britain and Ireland, and alone contains the authorised report of the Nursing Conference in Dublin.

Mrs. Shuter, Cleveland House, Chiswick Lane, W., Hon. Treasurer of the Isla Stewart Memorial Fund, will be pleased to receive subscriptions for 1913 which may not yet have been paid.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

EXAMINATION FOR THE ROLL OF QUEEN'S
NURSES, JUNE 19TH, 1913.

1.—What do you understand by good ventilation? Why is it necessary? What steps would you take to obtain it?

2.—In the following emergencies what would you do pending advice from the doctor?

1. severe abdominal pain.
2. earache.
3. convulsions in a child.
4. bleeding from the nose.

3.—What would you do in a case of acute ophthalmia neonatorum till the doctor arrives, in a district where medical aid is difficult to procure quickly?

4.—In attending a bedridden case of carcinoma with offensive discharges how would you mitigate the unpleasant insanitary effects in the interests both of patient and household?

5.—Give a short account of the process of digestion. How does this influence choice of diet for an infant six months old, a case of pneumonia, and one of typhoid fever?

6 (a).—State the use and value of medical inspection of school children;

or

6 (b).—State concisely the provision made by the Poor Law

1. for the sick.
2. for the children.
3. for the mentally afflicted.

Question 6 is alternative: only (a) or (b) is to be answered.

PRESENTATION.

At the annual meeting of the subscribers to the Swaffham Cottage Hospital at which Mr. H. Lee Warner presided, the committee reported their deep regret at the resignations of the Matron, Miss Kennedy, and Nurse Dorothy Smith. Since their appointment seven years ago the value of the hospital had increased to a very great extent, and the committee felt that this was largely owing to their untiring devotion to its interests.

The vicar, the Rev. F. Keeling, then presented, on behalf of the subscribers, a purse of 20 guineas to Miss Kennedy, with an album containing a list of subscribers and "the compliment of it to both nurses," and wished them "good-bye" in the best sense—"God be with you both."

WEDDING BELLS.

A wedding of interest in the nursing world was solemnised at Bolton, Lanes., on June 10th. The bride was Miss F. Haslam, late Matron of the Women's Hospital, Nottingham, and the bridegroom Dr. Watson (M.D., Glas.), Hon. Surgeon

of the same Hospital. The bride was attended by Miss Kathleen Smith, Lady Superintendent West Kent Hospital, Maidstone, and Dr. Robert P. Jack, M.O.H., Motherwell, Scotland, acted as best man. Amongst the numerous congratulatory telegrams received was one from the Leicester Infirmary Nurses' League, of which both the bride and bridesmaid are members.

APPOINTMENTS.

MATRON.

Isolation Hospital and Sanatorium, Groesnydd, Conway.—Miss Alice Blanche Booth has been appointed Matron. She was trained at the Northern Hospital, Liverpool; and the City Fever Hospital, Liverpool. She has held the position of Assistant Matron of the City Hospital, Newcastle-on-Tyne; Matron of the Cottage Hospital, Ramsbottom, Lancs.; and Matron of the Infectious Diseases Hospital, Bishop Auckland.

The Infectious Diseases Hospital, Drip Road, Stirling.—Miss Jean Lockhart Bruce has been appointed Matron. She was trained at the Knightswood Fever Hospital, Glasgow, and has been Matron of the County Fever Hospital, Loanhead, Midlothian.

NURSE-MATRON

Isolation Hospital, Maidenhead.—Miss Elizabeth Horsburg has been appointed Nurse-Matron. She was trained at the London Hospital, and has held several positions. As probationer and staff nurse at the Liverpool Eye and Ear Hospital, two years' private nursing in London, and five and a half years Matron of East Ashford R.D. Council's Isolation Hospital at Willesborough, Kent.

SISTER.

Chesterfield and North Derbyshire Hospital, Chesterfield.—Miss Annie Lonsdale has been appointed Sister. She was trained in the same institution and has been staff nurse at the Coventry and Warwickshire Hospital, and at Queen Charlotte's Hospital, London. She is a certified midwife and certificated masseuse.

Miss Christina Oliver has been appointed Sister in the same institution, where she received her training. She obtained a massage certificate and has been staff nurse at the National Hospital for Paralysis, Queen's Square, Bloomsbury, W.C.

NIGHT SISTER.

Prescot Infirmary, Lancashire.—Miss S. E. Taylor has been appointed Night Sister. She was trained in the same institution, where she has held the position of Sister, and at the Fever Hospital, Birkenhead.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

ASSISTANT SUPERINTENDENT.

Miss Gertrude J. Challis is appointed Assistant Superintendent, Lincoln C.N.A. Miss Challis received general training at the Royal South Hants. and Southampton Hospital; Midwifery training at Winchester and district training at Shoreditch;

and has since held the following appointments: Queen's Nurse at Warsop, and Training Midwife for the Lincolnshire County Nursing Association.

TRANSFERS AND APPOINTMENTS.

Miss Elizabeth Wright, to Hereford; Miss Hannah Hobbs, to Gosport; Miss Dora Cheverton, to Carisbrooke; Miss Florence Sugden, to Gosport; Mrs. Annie Alexander, to Farnham Royal; Miss Maggie Fullerton, to Alcester; Miss Ivie Heward, to Loughborough; Miss Sarah Evans, to Wakefield; Miss Ethel Pickering, to Winchester; and Miss Jessie Fordyce to Norton-in-the-Moors.

LONDON COUNTY COUNCIL SCHOOL NURSES.

The Establishment Committee of the London County Council recommended to the Council at Tuesday's meeting that, subject to their passing the usual medical examination, Miss Isabella Frances Haynes, Miss Christine Low, Miss Alice Maud Russell, Miss Georgina Ievers, Miss Margaret Mary Crowe and Miss Isabella Wilson be appointed school nurses in the public health department.

RESIGNATIONS.

Miss Mabel H. Cave has resigned the position of Matron to Westminster Hospital, which she has held since August 1898, owing, we regret to hear, to ill health. Never before, we should imagine, have there been vacancies for Matrons in three important London Hospitals at once. Middlesex and St. Mary's will appoint to these offices at an early date. It has not yet been decided whether or no the vacancy at Westminster will be filled at present, owing to the suggestion that it may amalgamate with St. George's Hospital, and in the near future build one fine up-to-date hospital in a neighbourhood where it would be of the utmost use to the poor.

Miss F. E. Furley, Lady Superintendent of St. Peter's Hospital for Stone, Henrietta Street, Covent Garden, London, has resigned, owing to ill-health. The departure of Miss Furley from this hospital will be a very great loss, as the work is highly specialised, and of a very strenuous nature; and she has devoted herself to its special needs with untiring devotion during her term of office.

Miss Furley leaves the hospital with the good wishes of all the staff, tangible tokens of which are an illuminated address and purse of gold from the members of the Committee, and other handsome gifts from residents and others.

Miss Elizabeth Somm, who has been Sister during the past two years has, we are pleased to learn, been appointed Matron.

We are inclined to think that an increase of the permanent nursing staff at St. Peter's is desirable. It is difficult for committees to realise the extraordinary increase of strain upon the physical powers of nurses, owing to the exacting nature of the laws of asepsis.

NURSING ECHOES.

The question of whether nurses trained in a hospital should be promoted to the position of Sister without further experience, is one to which reference has often been made in this journal. Recently it has been acutely agitating the House Committee of the General Infirmary, Macclesfield—an institution which has 60 beds—where two vacancies occurred for Sisters, one in the children's ward and the other in the operating theatre. Some of the committee consider that before a nurse is promoted she should gain wider experience elsewhere, and others that it is only fair to promote their own nurses. Opinions were so evenly divided that the decision to adopt the latter course, subject to the approval of the Governors, was only made by the casting vote of the chairman.

We have every sympathy with those members of hospital committees who desire to recognize good work done by members of their own staffs, but even in the case of nurses trained in a large hospital we believe that a varied experience before settling down to the responsible and restricted life of a ward sister is desirable, and in that of a small hospital, it is imperatively necessary both in the interests of the nurse and of the institution. To defer promotion is to increase the efficiency of the individual and therefore of the hospital.

We always like to read of gratitude from patients to their nurses. Recently the Chairman of the Tolworth Hospital Board reported that they had lately had in the hospital the children of Mrs. Soames, of Woodbury, Surliton, who had expressed a desire to show her appreciation of the way in which her little ones had been cared for in the institution, and she was anxious to do something explicitly for the pleasure of the nurses. She had therefore sent to Miss Alexander a cheque for £10. Miss Alexander had consulted the staff, and with their approval she wished to provide something in the nature of a summer-house for the lawn, so that when off duty the nurses could sit there. At present there was nothing of the kind, and not even any seats. He moved that the thanks of the Board be tendered to Mrs. Soames for her gift, and that the cheque be handed to Miss Alexander to expend in the way the staff desired.

Mr. Peel seconded, and the motion was agreed to.

At the quarterly meeting of the Scottish Council of Queen Victoria's Jubilee Institute

for Nurses the report for the past three months' work was submitted. It showed that the council were directly responsible for 6 Queen's nurses and 22 probationers receiving instruction in the Training Home. Nine nurses had completed training during the period and were engaged in district work at Edinburgh, Motherwell, Clydebank, Craignish, Greenock, Stirling, and Benbecula. One hundred and fifty-two visits of inspection had been made and reports thereon received by the executive committee; 1,846 cases had been nursed in Edinburgh from the Training Home, necessitating 33,267 visits, and 548 cases remained on the books at the end of the quarter. Donations received amounted to £275 19s. 6d., and subscriptions to £141. It was intimated that under the trust disposition and settlement of the late Miss Julia Meiklam of Gladswood the Institute would benefit to the extent of £4,300 at Martinmas, and that a further sum from part of the residue of the estate would at a later date be divided among the residuary legatees. It was also reported that a sum of £1,700 would shortly be paid to the Institute in respect of the residue of the late Dr. Proudfoot's estate.

This week the three great national organizations of trained nurses in the United States, the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health, have held their annual meetings at the same time at Atlantic City, New Jersey, and the conjoint programme for discussion covers numerous questions of the greatest interest. A whole session was given up to State Registration, over which Miss Isabel McIsaac presided. The wide range the question covers may be gauged from the titles of the papers: "Some State regulation upon the appointment of the faculties of Nursing Schools, their number, preparation and status," by Miss Annie W. Goodrich, R.N. "Should there be a national committee on amendments and standards. If so how should such be organized?" "Is compulsory registration desirable, and how may it be obtained?" "Future administration of registration laws." "How should inspection of schools be made?" "The value of registration to the individual nurse." "Co-operation of graduate nurse organization with State registration." "Minimum registration standards." "Reciprocity."

Registration is evidently a very live question in the United States—and estimated at its true value by the Nurses' Organizations in spite of attempts to minimize its effects by those who make money through lack of standards.

LEGAL MATTERS.

"NURSE BETTY."

At Marlborough Street Police Court, on Thursday, 19th, Queenie Gerald, twenty-six, described as an actress, of Abingdon House, Haymarket, was charged on remand with having lived on the earnings of certain young girls. The public were excluded.

The magistrate said the names of the girls who gave evidence should not be published. One girl said she was waiting for another girl who had entered the building when a woman in nurses' dress (who gives her name as "Nurse Betty") invited her in. The prisoner gave her money.

Detective-Inspector Currey said that while he was at the flat a man called. Witness took his name and address.

On Friday, at the hearing of the second charge, a hairdresser offered to be bail for the woman. He had known her for several years.

The Magistrate: Do you know her proper name?—Yes; she is Mrs. —

To the reporters present the magistrate said: "You fully understand you are here as a privilege."

Gerald was remanded on bail, herself in £1,000 and a £500 surety.

To inquiries made by the editor at Scotland Yard she was informed that "Nurse Betty" was not under arrest. There was absolutely no law forbidding anyone to wear nursing uniform for any purpose whatever. "Nurse Betty," who, it will be remembered, opened the door of Queenie Gerald's flat when it was raided by the police in reference to the White Slave Traffic, presented herself in nurse's uniform, had a right to wear it if she chose—she claims to be a "mental nurse"—and apparently has broken no law.

"How would you like your uniform used by men under the same circumstances?" police constables were asked.

"Not at all, not at all," all three replied at once; "but *our* uniform is protected," they informed us with a broad smile of satisfaction. "And so are those of soldiers and sailors."

"Yes," we replied; "male voters are protected all along the line; but voteless, the honourable garb of the women nurses may be dragged in the mire by any criminal. Think of this when next you are hustling refined women to Holloway in Black Maria for militant protest." What an outrage to decency is the disfranchised position of women!

REGISTRATION TAKES ROOT IN CANADA.

This month's *Canadian Nurse* contains the text of the Nurses' Registration Act for the Province of Manitoba. The title of Registered Nurse is protected. The term of grace lasts until July 1910, after which date the term of training is to be for three years. Thus registration has taken root in Canada. One more lever for our emancipation at home.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

The Westminster Hospital Bill will soon be law, and power given to the Governors to dispose of the very valuable site upon which it at present stands. It was founded as long ago as 1720, and few people at the present day know that St. George's, at Hyde Park Corner, was originally an off-shoot of it. This is a fact which may be stranger than fiction, if, as it has been suggested, these two hospitals again unite under one management, sell their sites, and together build one splendid new hospital of 600 beds in a district in which they can better serve the poor. This question of amalgamation is now under consideration, and it is rumoured that the Canadian Government is prepared to pay £250,000 for the Westminster site, and the American Government half a million of money for the ground now occupied by St. George's, upon which to place the American Embassy. Both hospitals have invested funds and other assets, so that together they could not only find the money to build the most modern of hospitals, but a substantial sum towards endowment as well.

The recommendation of the final report of the Departmental Committee on Tuberculosis to appoint a Medical Research Committee, to be charged with the duty of directing, controlling, and correlating investigations into the etiology, pathology, and other aspects of tuberculosis, has been acted upon by the Government, under the chairmanship of Lord Moulton of Bank. An Advisory Committee has also been appointed, upon which two women have been placed. As this Research Committee is to deal with the money available for research under the National Insurance Act (£37,000), let us hope the Black Plague as well as the White Plague may be seriously dealt with.

The King and Queen have been graciously pleased to give their patronage to the National Gas Congress and Exhibition, organised by a joint committee, representing the Institution of Gas Engineers, the Society of British Gas Industries, the British Commercial Gas Association, and the Municipal and Private Gas undertakings of the United Kingdom, which will be held at Shepherd's Bush in October next. Her Royal Highness Princess Louise, Duchess of Argyll, whose warm support of the Coal Smoke Abatement movement, as of all schemes having for their object the betterment of the sanitary and social conditions of the people, has also consented to give her patronage to the undertaking. This Congress and Exhibition are being planned on broad, co-operative lines, not for individual profit, but to demonstrate the service which the gas industry can render the public, in aiding to solve the problems of smoke nuisance, domestic service, and national health.

Now that medical and surgical science are so highly developed the retention of convalescing patients in hospital is strictly limited for two reasons. The upkeep of the beds is so costly that they cannot be maintained for convalescent cases, and there is so great a demand upon them that, of necessity, those patients on the road to recovery must make room for those in urgent need of treatment. Nevertheless, rest and care are necessary to complete many cures, and to meet this need the Lear Home of Recovery has been opened at West Kirby, where a large, well-furnished residence, standing in ten acres of grounds, has been placed at the disposal of the committee by Mr. John Elliot, of Hill Crest, Bidston. Patients are received who require more surgical and medical care than is ordinarily provided in Convalescent Homes, and it is the intention of the committee to extend this work as far as funds will permit.

THE HISTORICAL MEDICAL MUSEUM.

This extraordinarily interesting Museum, organised by Mr. Henry S. Wellcome, and opened on June 25th, at 54A, Wigmore Street, London, W., should on no account be missed by any who have an opportunity of seeing it. The beautiful new hall and galleries contain endless treasures illustrating the evolution of medicine and surgery from the very earliest times. The Hall of Statuary contains many fine and quaint representations of the Deities of Healing. The walls of the galleries are covered with water-colour enlargements of miniatures from early manuscripts on medicine, surgery, pharmacy, chemistry and botany. In truth, the remedies of those times appear to have been far worse than the disease. Very interesting are the pictures of nurses at their work as early as the thirteenth century. Midwives should make a point of studying examples of their craft from MSS. also of the thirteenth century, and the mode of conducting a Cæsarian section in the fifteenth century.

There are also grotesque models 300 B.C., of pregnancy, hydrocele, curvature, and many others. Chinese documents relating to symptoms and disease 200 B.C. A seventeenth century method of giving an enema shows that we have now but reverted to the old tube and funnel then in use. Medicine chests, belonging to Jenner, Wellington and the Pretender. The evolution of all kinds of surgical instruments; diplomas and documents. To mention these is but to name a very few of the vast collection of objects of interest in this unique museum.

We were most fortunate that Dr. L. W. Sambon himself showed us round the Hall of Primitive Medicine, and gave us most interesting descriptions of some tropical diseases, notably Pellagra, which he pointed out was to be met with in the neighbourhood of running water in distinction from Malaria, which was found by stagnant water. Like malaria, it was spread by fly carriers. Several cases of this disease have been discovered lately in England.

ST. MARY'S NURSING HOME, CHISWICK.

Chiswick is a residential suburb of London, of some historic interest. The great statesmen Fox and Canning died here, in Chiswick House; also the renowned Hogarth, serjeant-painter to the King George II., was buried here, and his house stands in one of the main thoroughfares. It has, however, other claims to attention, social and beneficent claims.

* * * * *

"I should like to see it very much."

"It is well worth a visit."

"Yes"—musingly—"I must, I really *must* go and see it."

"You ought to see it. It is an immense place, so beautifully kept, and so well managed."

"Do you think," I said, tentatively, "we could manage to go together?" She was in town only for a few days, and had many engagements.

"Well, yes, yes, I *think* I could manage it," she replied good-naturedly, giving a quick mental survey of her plans.

We picked up another friend, took our seats on the top of the bus on one of the rare sunny afternoons of the year, and went to visit the picturesque building in Burlington Lane. A block of buildings would be, perhaps, a better structural term. It is under the able management and care of the Anglican Order of Sisters of East Grinstead, and serves three purposes.

1. *St. Joseph's Hospital for Incurables.* This has been in existence for many years, and offers accommodation in two large, airy and cheertful-looking wards to women and girls of the working class, besides separate accommodation for gentlewomen suffering from various forms of paralysis and chronic rheumatic and other crippling affections. Incurable disease! The term is full of sadness. The implication—broken, helpless lives! It makes a ready appeal to every human heart. But the comfort, the peace, the beauty of environment, the love, the freedom from care, together with spiritual privileges, which surround these poor victims, is the large compensation which they all enjoy. It is one of the happy signs of the times that we are everywhere looking to Dame Nature—whom we have slighted and neglected so long—for cures in many cases, and alleviations in all—her sovereign remedies of fresh air and sunlight. The wards of St. Joseph's Hospital are provided with generous window space, and in favourable weather the beds and couches are wheeled into the verandah, and out into the garden, that the occupants may derive the maximum benefit of these salutary gifts.

2. Here, also, in this "Harbour of Refuge" can any come who desire rest and quiet from the "madding crowd." Very comfortable quarters are allotted to "guests," with a charming

sitting-room, where the all-sustaining cup of tea was served to us on that enjoyable and memorable afternoon. Comfort and beauty everywhere. Lattice windows with orange curtains and green paint, and rugs and carpets in delicious harmony of colour, and then the sun shining through and touching up and warming everything, gives a thrill to one's artistic sense, and makes one feel the truth of the assertion that our natures are more influenced by colour than we are ourselves aware of. But then Sister Bernardine, the "Managing Director," has the artistic temperament, and cannot tolerate inharmony anywhere in anything.

3. *St. Mary's Nursing Home*, which was opened on October 8th of last year, is the last word in comfort and hygienic and sanitary perfection.

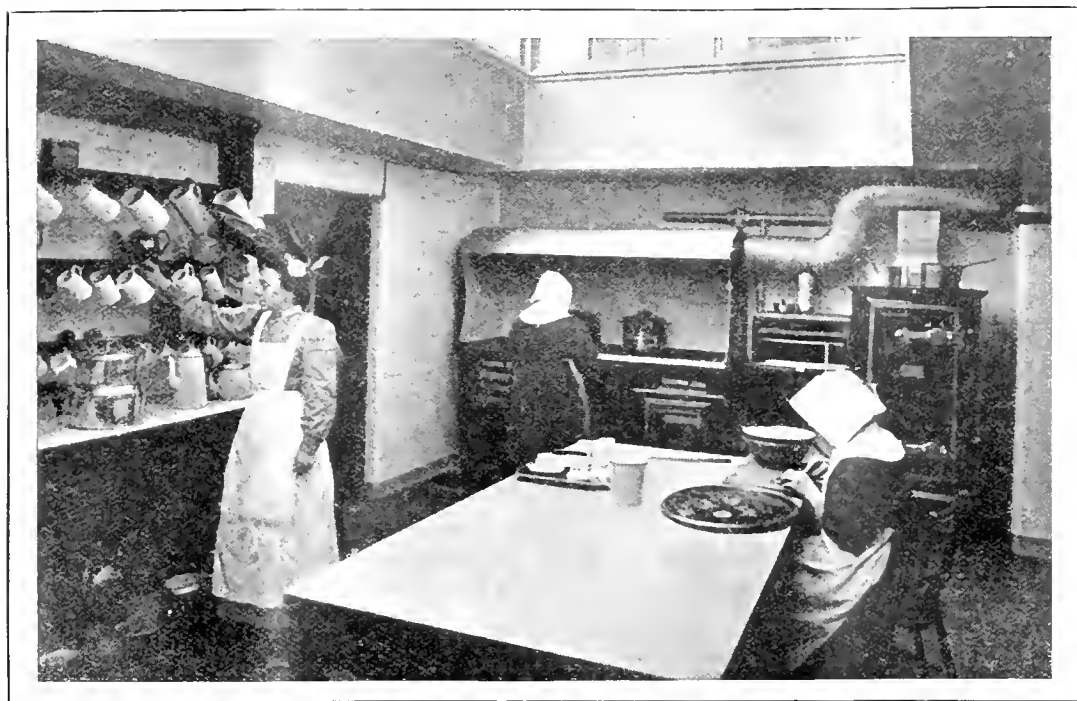
nothing to be desired in the way of baths and wash sink.

4. The building heated throughout by Messrs. Haden & Sons, of Kingsway, eighty-six radiators installed, and a large furnace room excavated.

5. The kitchen department entirely re-modelled and tiled, and fitted with Clements & Jeakes' gas-cooking apparatus.

6. Electric light introduced everywhere, &c.

7. Last, but not least, *St. Mary's Nursing Home*, which occupies the entire length of the upper portion of the building. This has been remodelled, and now forms, in fact and purpose, a self-contained flat, quite apart from the rest of the building, with outer doors to shut out sounds and complete the seclusion. Here there is accommodation for six patients. Five out of



THE KITCHEN, ST. MARY'S HOME, CHISWICK.

When the East Grinstead Sisters a few years ago took possession of this comprehensive building it was found, by the march of time and the exigencies of modern sanitary requirements, that considerable alterations were necessary. These imperative improvements were extended to every department of the establishment. The science of hospital structure being of interest to nurses, it may be as well to give some of the improvements in detail.

1. The whole drainage system renewed.

2. Two new sanitary blocks, white tiled and furnished with fittings of Shanks' Patent and leadless glaze combined.

3. A complete hot-water service, leaving

the six rooms have a south aspect. There is no stereotyped plan of institution furnishing. Each room is furnished differently, and with excellent taste.

It is the aim and object of Sister Bernardine, who is a practical idealist, to give the patients the fullest value for their money. "We have nothing but the best; they *must* have the best," she explained, as she produced from a cupboard some delicious soft fleecy merino blankets. Would that such a principle ruled in all nursing homes. If this were so, we should not so frequently hear "the exceeding bitter cry" against them in general. For this reason it is unfortunately necessary to make the following statement

All the nurses are *fully trained*, and the Matron, Miss Thomson, has had, besides, considerable experience.

"We should not dream of employing anyone in the Nursing Home who was not *fully trained*," said Sister Bernardine when, with the view of approaching the editor of our professional journal for the publication of this article, I apologetically made the enquiry. I was particularly interested to learn, too, that Sister Bernardine herself is a very experienced hospital trained nurse. So the patients are, as it were, doubly insured against accidents. I leave to the imagination of the reader the nature of those accidents by the untrained nurse. The theatre—a dismal necessity in all similar institutions was, however, so perfect in equipment, "second to none of its size," remarked a surgeon, and so bright and *cheerful-looking* that one felt almost inclined to stay and take an operation, instead of which we went down and took tea. A wide corridor runs east to west of St. Mary's Home, with a roof garden at one end and a balcony at the other. Think of it! The building stands in $3\frac{1}{2}$ acres of ground, a large proportion of which is laid out in kitchen garden. The flower garden is of the charming old-fashioned style, with a well-kept lawn, a pergola, and flower-beds full of gillyflowers and tulips, &c., blazing in a riot of colour, making the sunny air fragrant with their sweet breath. Again one was reminded of the famous picture, "The Harbour of Refuge." It only needed a man with a scythe, and a fountain, and the analogy would be complete. There was the dear old lady come to harbour in the evening of her life, with the younger one by her side. The noiselessness and seclusion of the place is a recommendation in itself. No storms or stress of a noisy world come within the harbour. There is a beautiful chapel within the building, and all who are able and inclined can attend the services. A passenger lift of the newest and best type occupies a conspicuous position in the hall. St. Mary's Home has been established to serve a two-fold purpose, namely, its own purpose, and also to assist in the upkeep of St. Joseph's Hospital, which is free to the poor. There is a debt of something like 20,000 still resting upon it, owing to the vast alterations. Donations to defray it of any and every size would be very acceptable.

The terms for all this beauty, luxurious comfort and refinement are relatively small, namely, 5 to 10 guineas per week.

Under the present conditions of chaos and disorganisation in the nursing profession, which cannot and will not be altered until we get State Registration for nurses, it is a double pleasure to write about such a well-organised and professionally managed place as St. Mary's Home, fulfilling as it does in the letter and the spirit its high purpose.

As we said good-bye to Sister Bernardine and the other kind Sisters, we felt we had spent a most profitable and happy afternoon, and one of us exclaimed: "I have found a place to be ill in!"

BEATRICE KENT.

OUTSIDE THE GATES.

WOMEN.

On Wednesday last Miss Clementina Black, the President and the members of the Committee of the Women's Industrial Council received at the Nursery Training School, 4, King Edward Road, Hackney, N.E., a number of guests interested in the work of the school. As the London County Council is at present considering the desirability of recognising the training of children's nurses as a suitable object for trade schools this work is just now of special interest.

The school is a large, well built modern house, until recently used as a Hostel for the nurses attached to the Queen's Hospital for Children, which has been carefully adapted for the purpose of a Domestic Training School and Nursery. The course of training lasts for one year and costs the pupils £30.

Tickets for the interesting dinner arranged by the Women Writers' Suffrage League for July 2nd, at the Criterion Restaurant, are to be 7s. 6d. each. There will be a BRITISH JOURNAL OF NURSING table, which we hope will be well patronised. In the course of the evening, Mrs. Flora Annie Steel (the President), will put the case for the Suffragists; and Mrs. Humphry Ward, for the "Antis." There will be other entertainments, and an instructive and amusing evening is assured. Tickets may be obtained from Mrs. Bedford Fenwick, 20, Upper Wimpole Street, W.

The Storting of Norway, which proclaimed a limited enfranchisement of women in 1907, has now extended it to all women, equalising the qualifications of the two sexes.

The International Woman Suffrage Alliance has just held a wonderful congress at Buda Pesth, and Mrs. Chapman Catt has been re-elected President by acclamation. She is what the Americans call "a very lovely woman." That is sweet, brilliant, good and beautiful all at once. Mrs. Catt's personality is an immense asset to our Suffrage cause, and she has given her life and her wealth to it.

The recent elections in New Zealand gave a very decided answer to the claim that there is a place for women on hospital and charitable aid boards. Not only have women found seats on the boards controlling the four largest hospitals in New Zealand, but in all four cases—Auckland, Wellington, Christchurch, and Dunedin—a woman headed the poll. In all, eight women found seats on the four boards. In the cases of Dr. Florence Keller and Dr. Platts-Mills, the medical knowledge possessed by the candidates may be assumed to have influenced votes, but six other women successfully appealed to the electors without this qualification. Whatever difference of opinion there may have been, common sense has prevailed.

BOOK OF THE WEEK.

MYLES CALTHORPE, I.D.B.*

This is a very attractive story of colonial life, written with a simplicity that is refreshing after the highly-spiced literature that is the mode at present. But let it not be thought that it lacks interest or episode on that account. Quite the contrary. There is plenty of love-making for those that like it, and who does not? That it was enacted in South Africa does not make it any less, for love is love all the world over. Joan is such a nice girl that we are delighted to make her acquaintance, and can quite understand Myles's devoted and faithful love for her, though her trust in *him* fails for a time under the severe strain put upon it. But it had to come right, of course, because they were made for one another. We are introduced to Joan just as she had come out from England to keep house for her brother, and the picture drawn of her shows her poking irritably at the smouldering logs in the kitchen grate, and thinking of the glowing coal fires of England with weary longing. "The Kafir girl managed to keep a hot fire; she could not; logs in a kitchen grate seemed an absurdity. She put down the poker when her inexperienced hand had raked out all the heat between the bars, and bent a flushed, anxious face over the frying pan in which a once healthy-looking steak was being slowly reduced to an unedible and leathery substance." It was while she was engaged in this homely task that Myles Calthorpe first crosses her path.

"A man unheard had approached the back door. He was a young man, obviously a gentleman who had fallen upon evil days. His shabby dust-soiled clothes hung loosely upon his attenuated frame. Starvation was written upon every line of his sunken, haggard face and in his glittering eyes."

Joan's brother, a feather dealer, is prevailed upon to give him a job in his firm. From the first it was apparent that he was much taken with Joan, and she with him, and from the first Henry disapproves of the intimacy.

On one occasion of a visit to her brother's office she stayed to chat with Calthorpe.

"I began to think," Henry remarked, "that in the fascination of my bookkeeper's society you had forgotten your engagement with me. What detained you?"

"I stayed to ask him to tea," she replied.

"Indeed! And when is he coming?"

"This afternoon."

"I shouldn't have considered the invitation necessary."

Joan flushed quickly.

"You don't mind, Henry, do you?" she said.

"No, but I wouldn't advise you to overdo it. It's quite possible he may misconstrue your courtesy."

Later, when Myles was arrested and sentenced

to two years' penal servitude for being in possession of diamonds for which Henry Farrant is really responsible, he suffered bravely the injustice and disgrace sooner than incriminate the brother of the girl he loved. It was only by Henry Farrant's deathbed confession that Joan learns of her brother's treachery and her lover's martyrdom.

Myles, embittered and hardened, cannot at once accept Joan's repentant love, but the misunderstanding is cleared away at last.

"He led her past the glowing flower-beds, in a growing and intimate silence, out upon the open veld. The light was fading, darkness was settling upon the plain, as though invisible hands were switching off all the lights one by one so many at a time until night came. He put his arms about her and caught her to him and held her pressed against his breast, while the darkness crept closer, —and blotted out the world."

H. H.

COMING EVENTS.

June 28th.—Garden Party of the C.L.S.A. Nurses' League, at the City of Westminster Union Infirmary, Hendon. 3 to 7 p.m.

June 30th and July 1st.—Conference on Diet, Cookery, and Hygiene in Schools, Guildhall, London. 10.30 a.m. to 5.15 p.m.

July 2nd.—Women Writers' Suffrage League Dinner, Criterion Restaurant. 7.30 p.m. Mrs. Flora Annie Steel, President, will take the Chair. BRITISH JOURNAL OF NURSING Table.

July 4th.—Bedford College for Women, London. The Queen opens the new buildings, Regent's Park.

July 5th.—The League of St. Bartholomew's Hospital Nurses. General Meeting in Clinical Theatre. 2.30 p.m. Tea, Social Gathering, and Tennis match 4 p.m.

July 18th.—Society for State Registration of Trained Nurses. Annual Meeting. Medical Society's Rooms, 11, Chandos Street, Cavendish Square, W. 4 p.m. Mrs. Bedford Fenwick will preside. Address by Sir Victor Horsley, F.R.S., F.R.C.S.

A WORD FOR THE WEEK.

Before the coming of Christ the world had known three measures of greatness—brute-force for the savage, mind-force for the Greek, and will-force for the Roman. Till Christ had set it up and exemplified it in the feet-washing at the Last Supper, no one had ever dreamed that the one and only true measure of greatness was love-force. It was because the world had in great measure forgotten the text: "Whosoever will be first among you let him be the servant of all," that Socialism and its by-products had risen up in their midst. Love was only a grand name for service, and ever since the dawn of Christianity civilised society had always recognised, in its saner mood, that true greatness could be expressed in terms of service only.

—Father Bernard Vaughan.

* By F. E. Mills Young. John Lane: London.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

THE OVERSTRAIN OF HOSPITAL MATRONS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—A very common mistake is made that all the hard work in the nursing world is done by the rank and file, and yet how often we read of the resignation of matrons, caused by ill health? May I take up the cudgels for a class of workers who after all get more kicks than halfpence. I have been a matron, and I retired from office after many years' work because I could not endure the overstrain. This overstrain arose from several causes, largely preventable in my opinion. First, and foremost must be counted insufficient help, and consequently insufficient time off duty. Second, the insubordinate spirit of the age, and the constant blame for the omissions of others, through lack of support in enforcing discipline. Third the interference by men lay and medical, in the domestic and nursing department, of which they had not any expert knowledge, and fourth, the lack of any standard and system of nursing education, either theoretical or practical, to which every probationer must attain, and provision for which it is the duty of the Committee to make. There are many compensations in the position of a hospital matron, but the constant strain to attain a high standard of nursing without adequate help and appliances, and the ignorance of those to whom she is responsible, is becoming an ever increasing evil, which is calculated to break down the health of the most robust woman who really attempts to do her duty. I should like to hear what other matrons have to say on this subject.

I am, yours truly,

ON THE SHILLY.

We think there is a disposition upon the part of the hospital world generally to imagine the matron is made of cast iron. The responsibility of training poor material is becoming a very serious question. We hear constantly of matrons in the prime of life retiring because of ill health. Take the London Hospitals at the present time—St. Thomas', St. Mary's, Westminster, St. Peter's—the matrons of all these institutions are retiring because of breakdowns in health, the majority at a time when their experience makes them exceedingly valuable officials. We do not hear of these holocausts amongst hospital secretaries, or indeed in any class of male official, and we must conclude that the strain of office amongst them is not so great as amongst the women workers. No male official, for instance, works for a seven days' week. His time is almost invariably five and a half days, and his hours seldom exceed a seven or

eight hours' day. How different are the hours of duty of the majority of matrons. Then the attempt to maintain discipline, which no man really understands, so far as women are concerned, is a constant strain on a matron few people appreciate, and the latter day parent least of all. The average father expects his daughters to be trained in hospitals free of all cost to his own purse, and is keenly on the outlook for compensation should her physical capacity become impaired. This is a subject on which with our correspondent we should appreciate the opinion of hospital matrons.—ED.]

INFORMATION REQUIRED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Can any of your readers give me full particulars of the conditions relating to the Tontine of the first thousand nurses in the Royal National Pension Fund? I cannot obtain information from the office.

Yours truly,

GRADUATE NURSE.

For the information of the majority of our readers, a tontine is a loan raised on life annuities with the benefit of survivorship.—ED.]

JUST DELIGHTED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM EDITOR,—Canadian nurses are pleased to note how much interest THE BRITISH JOURNAL OF NURSING takes in their progress. The nurses here are just delighted at the prospect of writing "R.N." after their names, and feel they owe much to those pioneers at home who prepared the path for the passage of their Registration Act.

Yours truly,

Winnipeg.

L. F. CHARLTON.

OUR PRIZE COMPETITIONS.

July 5th.—What is Leprosy, and how may it be treated?

July 12th.—What precautions would you take in nursing a suspected case of syphilis?

July 19th.—Enumerate the different means of reducing fever.

July 26th.—How would you feed, and what means would you take to relieve a patient with an acute attack of indigestion?

NOTICE.

In response to numerous requests from busy social workers and teachers, the Schools Committee of the National Food Reform Association has decided to issue visitors' tickets (price 3s.) admitting to single sessions of the Guildhall School Conference. Holders of such tickets will be entitled to obtain a set of the papers, now ready, (price 2s. 6d.) and to take part in the discussions, as well as to secure tickets for luncheon in the Crypt on Monday, June 30th (price 2s. 6d.). Apply, the Secretary, National Food Reform Association, 178, St. Stephen's House, Westminster.

The Midwife.

THE CENTRAL MIDWIVES' BOARD.

THE JUNE EXAMINATION.

At the Examination of the Central Midwives Board held in London on June 9th, 530 candidates presented themselves, and 430 passed the examiners, the percentage of failures being 20.2.

THE MONTHLY MEETING.

A Meeting of the Central Midwives Board was held in the Board Room, Caxton House, Westminster, on Thursday, June 10th, Sir Francis Champneys presiding.

REPORT OF STANDING COMMITTEE.

The report of the Standing Committee was received.

A letter was received from the President of the Local Government Board, inviting the Board to nominate a representative to attend a Meeting to be held at the Local Government Board, on June 14th, to consider the present position of District Nursing in London. The Secretary reported that there having been no opportunity of consulting the Board, Lady Mabelle Egerton had been invited by direction of the Chairman to attend on behalf of the Board, and that she had so attended. The action of the Chairman was approved.

A letter from the Medical Officer of Health for Newport, Monmouthshire, asking the opinion of the Board as to whether a register of cases kept by more than one midwife in common should be so arranged as to distinguish the records of each individual midwife, was further considered.

A letter was received from the Matron of the Monmouthshire Training Centre for Midwives on the same subject.

It was agreed that the Matron of the Monmouthshire Training Centre, having expressed her willingness to distinguish the records of each individual midwife, the Board considered that the complaint of the Medical Officer of Health for Newport, Mon., has been met, and that a copy of her letter be sent to him.

Letters were further considered from a registered medical practitioner, asking the Board to reconsider its decision removing his name from the list of recognised teachers.

The Board decided that he be informed that it sees no reason to alter its decision.

A letter was read from the Honorary Secretary of the Association of Inspectors of Midwives, forwarding a copy of resolutions passed at the Annual Meeting of the Association in April, 1913, as follows:—

Resolution 1.—"That those approved to sign Forms III & IV should submit to the Central

Midwives' Board the qualifications and experience of those, if any, whom they employ in the practical training of midwifery pupils."

Resolution 2.—"That the name of the qualified person present at each of the twenty deliveries required of a pupil before presenting herself for examination should appear in Form III."

It was decided that the Honorary Secretary of the Association of Inspectors of Midwives be informed that the Board's rule is to hold every principal answerable for his or her subordinates.

A letter was received from the Town Clerk of Stoke-on-Trent, urging the amendment of Section 5 of the Midwives Act, 1902, so as to provide for the assessment of contributions from Local Supervising Authorities on some principle more equitable in operation than that arising from apportionment on the basis of the number of midwives giving notice of intention to practise in any given area.

It was agreed that the Town Clerk of Stoke-on-Trent be informed that the Board have recommended the incorporation in the Amending Bill of a clause in accordance with the suggestion now made, and that they will not fail to support it by all means in their power.

A letter was read from the Clerk of the Kent Insurance Committee, calling the attention of the Board to a difficulty experienced by midwives in getting medical help in cases of emergency for women entitled to medical benefit.

It was agreed that the Kent Insurance Committee be informed that the Board has no power over the assignment of fees under the Insurance Act, and that the responsibility of advising medical aid is laid upon the midwife by the rules.

A letter was received from a certified midwife, asking the Board to reconsider its decision at the last meeting refusing to approve her for the purpose of supervising the practical work of pupils.

It was agreed that the certified midwife be informed that the Board sees no reason to change its decision.

A letter was read from a medical practitioner, complaining of the conduct of two certified midwives in interfering with his practice.

It was agreed that the registered medical practitioner be informed that, as he is unable to allege any breach of the rules, the Board is unable to take action.

A letter was received from the Lady Superintendent of the Eden Hospital, Calcutta, asking the Board to reduce the number of personal deliveries required to be undertaken by candidates for the Examination from 20 to 10.

It was agreed that the Lady Superintendent of the Eden Hospital, Calcutta, be informed that the Board is unable to adopt the suggestion in her letter of May 29th.

APPLICATIONS FOR REMOVAL OF NAME FROM THE ROLL.

Applications were received from three women for the removal of their names from the Roll.

It was agreed that the applications be granted and that the Secretary be directed to remove their names from the Roll of Midwives, and to cancel their certificates.

PENAL BOARDS.

Penal Boards were arranged for Thursday, June 26th, and Wednesday, July 23rd; and the meeting then terminated.

AN IMPORTANT CASE TO MIDWIVES,

CLAIM FOR DAMAGES AGAINST NURSING INSTITUTION.

Before Mr. Justice Pickford and a special jury, in the High Court of Justice on Friday, June 13th, Mr. Heathcote, a contractor's foreman, *v.* Chadwick and others, claimed to recover damages for the wrongful act, neglect, or default of the defendants, which, he alleged, caused the death of his wife. The defendants were the Committee of the Nursing Institution and Home for Private Persons at St. Albans, of which the Matron is Mrs. Nicoll.

For the plaintiff it was stated that his late wife, Mrs. Heathcote, agreed with Mrs. Nicoll, on behalf of the defendants, that they would nurse her during her confinement for a fee of 30s., the agreement being that she should not have a whole time nurse, but receive visits from a duly qualified midwife. A nurse from the institution attended her on the two days previous to her confinement, again at the confinement, which took place on March 11th, 1912, and on the subsequent day. It was alleged that owing to the nurse's negligence, and failure to exercise due care and skill, she being the servant of the defendants, the plaintiff's wife was infected with puerperal fever and died on March 20th. The nurse was nursing another patient, Mrs. White, who was confined on March 8th, and whose temperature rose on March 10th. On March 12th the doctor in attendance found her to be suffering from puerperal septicæmia. He informed the nurse who thereupon ceased to attend Mrs. Heathcote.

The plaintiff alleged that the nurse was not a fit and proper person to attend Mrs. Heathcote, owing to her attendance on Mrs. White, that she should have known from her own training that it was dangerous for her to attend Mrs. Heathcote after attending another patient, although the doctor had not diagnosed her to be suffering from puerperal fever, and that Mrs. Nicoll, who was the agent of the defendants, was negligent in allowing the nurse to continue in attendance upon his wife, as she knew of Mrs. White's rise of temperature.

The defence was that the nurse was not the servant of the Committee of the Institution, and that there had been no want of care and skill on the part either of the defendants or the nurse.

The judge in summing up instructed the jury that they must consider what the contract was. Did the defendants agree to nurse the plaintiff's wife or did they only agree to supply a nurse to attend her. If they undertook to nurse the case then they would be responsible for any negligence on the part of the nurse. If they only agreed to supply a nurse they were not responsible for any negligence of hers, but it was possible that if Mrs. Nicoll allowed the nurse to attend Mrs. Heathcote when she should not have done so, that they might be responsible for her act in so doing. The judge expressed great doubt as to evidence of a contract by the defendants to nurse Mrs. Heathcote as apart from a contract to supply a nurse, but he left that for the jury to decide, as also whether there was any negligence on the part of Mrs. Nicoll or the nurse, and if so if it was the cause of Mrs. Heathcote's death.

The jury were unable to agree as to the question of negligence, and were discharged, the judge saying if the parties wished to argue the case he would hear them another day.

It will be noted that several points of great importance to nurses and midwives arose in the course of this case, *i.e.*, the claim that the nurse or midwife attending a case is personally responsible for any act of negligence, not the committee of the institution with which she is connected. That a nurse, nursing a case under the direction of a doctor may be charged with negligence because she did not know that it was dangerous for her to continue attendance on a maternity case because the first patient had a raised temperature, although the doctor had not diagnosed puerperal fever, and the Superintendent under whom she was working sanctioned her so doing.

INDUCTION OF LABOUR AT TERM.

At a recent meeting of the Medical Society of the state of New York, Dr. George W. Kosmak presented a paper on Induction of Labour at Term. He said that the normal term of gestation, 280 days, had many exceptions; it has been estimated that 15 per cent. of all gestations were protracted. One had to be governed by the relative size of the child and the pelvis in determining the advisability of inducing labour. The growth of the fetus during the latter months is very rapid, so rapid that a child weighing 7 pounds at term would weigh 14 pounds if the birth were deferred another month. The bones also become harder, pointing to a longer labour and possible mutilation. The rational course was to induce labour within four or five days of term.

At the recent Nursing Conference in Dublin Miss Creighton spoke of the sufferings of women in India from ignorant midwifery, and of the enlightenment of the Begum of Bhopal, who had made the practice of midwifery by untrained women a criminal act.



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